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1868.

Silver Medal.

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It is sold in 1 oz., 8 oz., and 16 oz. bottles. Beware of so-called French Pepsines bearing fictitious names. Ask for and take only **Boudault's.**

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Medal of Merit.

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A new **Fluid Extract of Malt** composed of pure extract of malt and aromatic elixir made by the SHAKERS, at Pleasant Hill, Ky. Dunlavy & Scott, Trustees.

This is an exceedingly palatable and efficient medicine, combining the qualities of both malt and aromatic elixir. It is an invaluable vehicle in which to combine Quinine, Iron, Hypophosphites, Cod Liver Oil and other remedies. Price $1 00 per bottle or 6 bottles for $5.00

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J. S. B. ALLEYNE.

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The New Digestive is a combination of whole digestive secretions—Pepsine, Pancreatine, Diastase, Etc.,

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As it contains no oxydizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 Madison Avenue, New York, February 26th, 1878.

I have examined the preparations of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants, and as the bases of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M. D., L. L. D.,
Emeritus Professor of Clinical Surgery in the University of New York, Visiting Surgeon to Presbyterian Hospital, etc.

218 South Sixteenth Street, Philadelphia, July 7th 1880.

Messrs. E. F. Houghton & Co.:

Gentlemen—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline [Unguentum Petrolei], was first brought to my notice while I was a Resident Physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for Carbon oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last five years I have used the plain Cosmoline, both in hospital and private practice, in Gynecological and Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a useful combination, but the rose-scented Cosmoline is beyond all question, a work of art, which cannot be too highly commended. I have the honor to be,

Very respectfully, yours, FRANK WOODBURY, M. D.,
Physician to German Hospital.

Philadelphia, July 10th, 1880.

Messrs. E. F. Houghton & Co.:

I have for a number of years made extensive use of Cosmoline [Unguentum Petrolei] and consider it a most valuable article for surgical porposes. Either as a dressing by itself, or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly, JOHN H. PACKARD, M. D.
1031 Walnut St., Philadelphia.

Messrs. E. F. Houghton & Co.:

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Yours truly, JOHN V. SHOEMAKER, A. M., M. D.,
Physician to the Pennsylvania Free Dispensary for Skin Diseases.
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Messrs. E. F. Houghton & Co.:

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Yours truly, GEO. HENRY FOX.

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Maltine in Pulmonary Phthisis.

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Since we issued our pamphlet on MALTINE one year ago, we have received nearly one thousand commendatory letters from the Medical Profession from most parts of the world, a large portion of which speak enthusiastically of it in Pulmonary affections.

Any Physician who will test MALTINE, Plain, in comparison with Cod Liver Oil, in a case of Pulmonary Phthisis, will find that it will increase weight and build up the system far more rapidly. There are, however, many cases when the compounds with Hypophosphites, Phosphates, Peptones, Malto-Yerbine, and Pepsin and Pancreatine are strongly indicated.

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123 *Lansdowne Road, Notting Hill, W., London, October* 16*th*, 1880.

I have used MALTINE with Cod Liver Oil with the happiest results in a case of tuberculosis attended with tubercular peritonitis, in which the temperature of the patient rose to 105 1-5° and persistently remained above 100° for upwards of two months. The only medicine taken was MALTINE with Cod Liver Oil, and an occasional dose of Carbonate of Bismuth, to check diarrhœa. She gradually improved and made a perfect recovery. I find MALTINE with Cod Liver Oil is more readily taken and more easily assimilated than Cod Liver Oil in any other form.

EDMUND NASH, M. D.

The Beeches, Northwold, July 28*th*, 1879.

I find that my patients can readily digest your MALTINE with Cod Liver Oil without causing any unpleasant after-feeling. I have full confidence in the virtue it possesses to sustain the system during prolonged diseases of a tubercular or atrophic nature.

FREDERICK JOY, L.R.C.P., M.R.C.S.

PROF. L. P. YANDELL, in *Louisville Medical News, Jan.* 3*d*, 1880: MALTINE is one of the most valuable remedies ever introduced to the Medical Profession. Wherever a constructive is indicated, MALTINE will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions, it is invaluable.

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I have used your MALTINE preparations in my practice for the past year and consider them far superior to the Extract of Malt. I have used your Malto-Yerbine in my own case of severe bronchitis that has troubled me for the past five years. It has done me more good than anything I have ever tried.

J. TRIPP, M. D.

Leighton, Ala., Feb. 18*th*, 1880.

I am more pleased with your MALTINE preparations every day that I use them. I don't know how I could dispense with them in some cases I have under my care at this time. In one case especially, the MALTINE with Cod Liver Oil has had a most marked effect, agreeing with the patient's stomach, without the least trouble, after other preparations of Cod Liver Oil had been tried in vain.

J. M. KUMPE, M. D.

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FIRST: That Maltine (Plain) increases weight and strength far more rapidly than Cod Liver Oil or other nutritive agents.

SECOND: That Maltine, Maltine with Peptones, and Maltine with Pepsin and Pancreatine rapidly correct imperfect digestion and mal-nutrition in wasting diseases.

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FOURTH: That Maltine causes an increase in weight and strength one and a half to three times greater than any of the Extracts of Malt.*

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MALTINE with Iodides.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
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MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

*MALTINE is a concentrated Extract of malted Barley, Wheat and Oats. In its preparation we employ not to exceed **150** deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process which directs that the mash be heated to **212** deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

We will forward gratuitously a 1 lb. bottle of any of the above preparations upon payment of the expressage.

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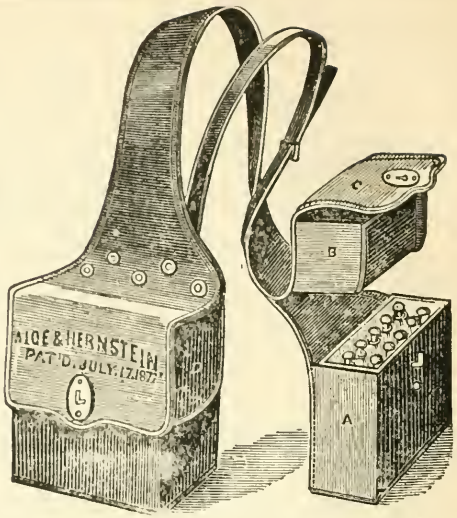

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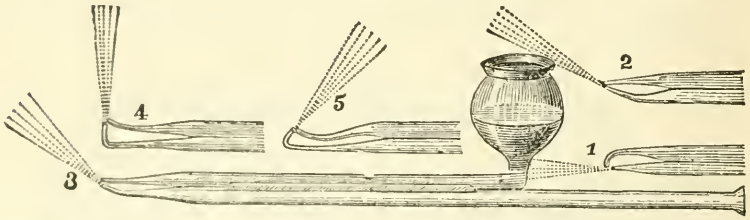

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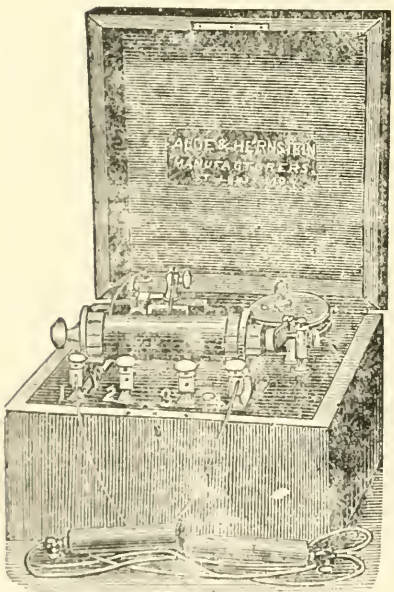

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ST. LOUIS, MO.

MENSMAN'S PEPTONIZED BEEF TONIC.

The great necessity for a fluid food that would possess *all the elements necessary for the support of the system* having long been felt by the Medical Profession, we call attention to this preparation, containing the *entire nutritious properties* of the muscular fiber, blood, bone and brain of a healthy bullock, dissolved by aid of heat and pepsin, and preserved by spirit; thus constituting a perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease. It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drugs. Dispensed in 16 oz. and 12 oz. bottles.

"DR. MENSMAN'S BEEF TONIC

Is a complete representative of lean and fat beef, bone, blood and muscle. It consists of all the properties which combine in the development of the animal body, which are liquefied by an artificial process, simulating natural digestion, and retaining all of their alimentary values. It contains in their perfection all the natural elements of the meat in their natural quantitative relations, without their extraneous or indigestible properties, and therefore requiring the least possible effort on the part of the stomach for its conversion into chyle, and its immediate absorption by the system.

"This tonic is free from any drugs or chemicals, and is a great invigorator or recuperant. I have used this preparation in several cases of sickness of a character which enables me to give the most favorable opinion of its great value, in extreme sickness. Some of the cases referred to are hemorrhage of the bowels, typhoid fever, bilious fever, inflammation of the bowels, where the greatest possible prostration was present, and in which I found this meat tonic to accomplish results I could not obtain with any other preparation. It is a gentle stimulant, and allays the peculiar irritation of the stomach, which destroys the appetite in all forms of disease, when the tone of the stomach is destroyed."

"We published the above article in the November No. of 1877, and will say that we have prescribed the tonic daily to date with the very best results."—Ed. Med. Eclectic.

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Iron, Phosphorus and Calisaya.

We call the attention of the Profession to our preparation of the above estimable Tonics, as combined in our elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark,** a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Cailsaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK,** not from **ITS ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each teaspoonful contains seven and a half grains Royal Calisaya Bark and two grains Pyrophosphate of Iron.

PURE COD LIVER OIL.

Manufactured on the Sea-Shore from Fresh and Selected Livers.

The universal demand for Cod Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland fish-like, and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

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Under the direction and personal supervision of W. D. FORD, Instrument Maker to St. Luke's Mt. Sinai, New York State Women's Hospitals, Bellevue and all other New York Hospitals.

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☞Special attention given to the manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

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Family and Manufacturing Chemists, New York.

LELIEVRE'S POULTICE

OF ICELAND MOSS.

AN INSTANTANEOUS & PERFECT SUBSTITUTE
FOR LINSEED MEAL AND OTHER POULTICES.

It is preferable to the latter, because it is

Clean, for it will not soil the linen.

Unobjectionable, for it will not emit any unpleasant odor.

Unchangeable, for it will not ferment.

Economical, for the same Poultice can be applied for many days without undergoing any change.

Lelievre's Poultices are sold in packets containing three and six sheets 5 by 8 inches, and in rolls 8 by 30 inches

DIRECTIONS FOR USE.—Dip the Poultice into boiling water until quite swollen, then apply to to the part and cover with the gutta percha sheeting accompanying the poultice, or with oiled silk. Samples sent on application by the

General Depositaries for the United States;

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SOLD BY ALL DRUGGISTS.

THEVENOT'S GLOBULES.

We offer to the Medical Profession a series of well prepared and reliable pharmaceutical products, in which the unpleasant taste and disagreeable odor of the various remedial substances contained in them are entirely covered, and other drawbacks to their administration obviated. The form of Globules is especially applicable to liquids, but may also be applied to pulverulent remedies, simple or compound. It is especially adapted to Ethers and Ethereal fluids; Oils, fixed or volatile; Oleo-resins; Balsams, etc., and is by far the most convenient as well as most elegant form for administering them.

Among the great variety comprising about 60 different kinds, we mention the following, which are among the most important:

Ether, Chloroform, Oil of Turpentine, Apiol, Phosphorated Oil (containing 1-64th grain of Phosphorus), **Tar, Venice Turpentine, Copaiba, Copaiba and Tar, Oleo-Resin of Cubebs, Balsam of Peru, Oleo-Resin of Male Fern, Oil of Sandal, Oil of Eucalyptus, Cod-Liver Oil, Rhubarb, Bicarb. of Soda.**

For a full list of the various kinds of Globules, with the quantity of the medicinal agents contained in each Globule, see pamphlet, which will be furnished or mailed on application, by the agents,

E. FOUGERA & COMPANY,

30 North William Street, New York.

Original Contributions.

Article XLIV.

NOTES OF CASES IN GENITO-URINARY SURGERY.

—Case No 1.—

Chronic Gleet.—Stricture of large Calibre at the Bulb. Prostato-Cystitis.—Deep Internal Urethrotomy.—Pyæmia.—Eighteen Abscesses Opened.—Purulent Epididymitis.—Recovery. By W. Hutson Ford, A. M., M. D., of St. Louis.

April 5, 1880.—L. D., æt. 29, unmarried; very thin, though tall. Had a gonorrhœa followed by a gleet of six months' duration when at college eight or ten years ago. Had practiced masturbation before this while a boy. Has had prostatorrhœa for years. Is an express company's agent.

Complains of listlessness, easy confusion of ideas, loss of power of attention and memory; weight in the perineum, and pain sometimes after making water; easy fatigue. He is chronically bilious; the tongue is constantly furred, and the bowels occasionally constipated. His venereal desires he says are very strong, but he is oppressed and very much exhausted by the venereal act, even when done once a month.

The urine is shreddy, turbid and deposits muco-pus. The prostate is smaller than normal, but in the mesial line painful on pressure; the bulbous portion of the urethra is more especially painful. Careful search failed to detect stone in the bladder. Measured calibre of urethra 34 or 35. B. B. 35 passes meatus and shows a ring of contraction ¾ of an inch down. B. B. 25 barely passes the bulb with much pain. The bulbous region as well as the prostate is exceedingly hypersensitive, indeed the entire urethral tract is abnormally sensitive. Being made to pass his water in separate portions, I found that the first ounce contained shred and strings of mucus (chronic subacute gleet)

Stricture of large Calibre at the Bulb.

while the balance of the urine gave a perceptible deposit. Sp. gr 1.030; very acid; no albumen; color good.

Chronic Gleet Vesical Catarrh.

April 8th. C. S. 29 passed through the bulb with tolerable ease. This contraction will be divided by internal urethrotomy.

The patient during the past two years had submitted himself to the care of a number of general and special practitioners and had had his stricture dilated with conical sounds up to the existing calibre. Beyond this it had not been possible to advance on account of the general irritability of the urethral canal, especially beyond the deep stricture, and the prostatic and vesical inflammation. After I had determined by the careful use of sounds during two weeks, that it was hopeless to anticipate any benefit from their employment, I informed the patient that nothing short of internal section of the deep stricture, could result in a permanent cure. To this proposal he assented though not without some misgivings. The patient who was naturally a very courageous man, and who gave continual evidence during his prolonged illness of extraordinary resolution, was greatly run down at this time, having lost some twenty or thirty pounds of his former weight. His nervous system had necessarily suffered very greatly in tone, as is so frequently seen in patients of this class. His general condition was therefore decidedly unpromising, but as the case was evidently fast getting worse and, as he insisted upon prompt action at my hands, after a few days of preparation the proposed operation was performed.

Internal Urethrotomy at the Bulb

April 10th. 6. P. M. Internal urethrotomy at the bulb with Otis dilating urethrotome to 40 on the floor of the urethra. B. B. 33 then passed easily. Cold compresses to perineum. Recumbency. Absolute diet. Adjusted a perineal crutch.

Hæmorrhage

9. P. M. Found him bleeding smartly from the penis. The perineal crutch has not prevented blood from flowing back into the bladder. Penis splinted. Perineum tightly packed. Strict dorsal recumbency.

Recurrence of Hæmorrhage after 9 hours

April 11th. Passed water at 3 A. M. very bloody. The blood came with a gush from the end of the penis. The perineal crutch was applied still more carefully; penis splinted. Cold compresses to the urethra. Strict dorsal decubitus. Quinine grs. v every 3rd hour.

———12 M. Aspiration of some bloody urine over pubes to 11½ ounces. Bleeding in abeyance.

———9 P. M. Aspiration of bloody urine to 11 ounces. The perineal crutch does not prevent blood from passing backward into the bladder, though no blood escapes anteriorly. Had some chilly sensations about 5 P. M. Pulse and temperature quite natural. Perineal crutch more carefully applied, being more tightly packed over and behind the bulb. Aspiration.

April 12th. 9 A. M. Aspiration to 10 ounces. No rigor, doing well. Aspiration.

———4 P. M. Insisted on passing water by the urethra although he was enjoined to wait until I came to aspirate. Got out of bed and squatted over a *pot de chambre* to do so. I arrived just as he had finished passing some bloody urine. *During the visit*, and not more than ten or fifteen minutes after he had violated my directions in this important respect, he had a prolonged rigor. Ordered veratrum gtt. iv every one and a half hours until three doses were taken, and ten grains of quinine. Rigor.

———8 P. M. Has passed some bloody urine again. Has vomited. Has had no continued hemorrhage. Cold compresses to perineum. Calomel ipecac, and opium. Quinine and veratrum, p. r. n. temp. 104°. No further Hæmorrhage. High Temperature.

April 13th. 9 A. M. Vomited during the visit. Passed urine which is but slightly tinged with blood. No bleeding by the penis. The urine is very offensive. Pulse 64. Temp. 99°. Rochelle salts.

———9 P. M. Pains in the lumbar regions and abdomen. Some occipital headache. Inappetence. Pulse 72. Temp. 102½° continued veratrum, p. r. n. Cinchonidia gr. ij every third hour.

April 15th. Urine clear. Pulse 64. Temp. 100¾° c. s. 29 and c. s. 32 passed. No bleeding. Ordered a saline diuretic; cinchonidia at the rate of 30 grains in twenty-four hours. A little Rochelle salts, as the bowels show a tendency towards constipation. No more veratrum. Sound passed on the fifth Day.

———7 P. M. Pulse 60. Temp. 100°. No bleeding. Continue.

Early symptoms of Pyæmia.

April 16th. Complains of fugacious muscular pains in the left arm and left axillary muscles. Great malaise. Ordered Salicylate of Soda, grs. xv every two hours.

———8.30 P. M. The pains are more disseminated and more severe. Chloroform liniment to the painful muscles. Cholagogue pill at bed time. Ol. Ricini in the morning. Continue the salicylate.

Sound Passed.

April 17th. c. s. 33 passed. Ol. Ricini has produced copious bilious stools.

———7 P. M. The muscular pains are becoming general, affecting the arms, thighs, pectorales and serrate muscles. There is much pain in the abdomen of a griping twisting character, and considerable weakness. Ordered, an emetic of ipecac, and three or four doses, at two hour intervals, of twenty grains of Salicylate of Soda. Pulse 76; temperature but little elevated.

General Muscular Pains.

April 25th. The pains in the muscles have become localized at spots where red erysipelatous patches are apparent. Under these patches, abscesses in the muscles and subcutaneous and inter muscular areolar tissue, plainly pyæmic, have formed. Quinine and muriated tincture of iron, both in large doses have been administered, and salicylate of soda in twenty grain doses, with beef tea as nourishment. The temperature has remained at about 100½° varying from 100° to 102°. This morning the temp. was 103°. The abdomen is very tympanitic.

Pyæmic Abscesses.

Tympanites.

The abscesses have been opened at the very earliest moment; as soon indeed as the first nodulation in the tissues became noticeable, being thoroughly evacuated and washed out with a 2½ per cent. carbolic lotion. Drainage tubes were inserted into all the cavities except those just under the skin and of very small size, and indeed into many even of these. The cavities have been regularly washed out once a day with the carbolic lotion—covered with borated lint smeared with benz. oxid. zinc. ointment and this with oakum. No trace of fœtor has ever been noticed about any of these abscesses.

As yet, no joints have become affected; he has had no chill or even chilly sensations since the one on the 12th. His intelligence is perfect and spirits good. An abscess has been opened around both elbows, one on each arm, one on the left buttock, one on the thigh, one at the inferior angle of the left scapula. His appetite, hitherto good, seems to be failing. Dr. Miller saw him with me at this time.

No further Rigors. Seven Abscesses Opened.

———9 P. M. Temp. 104°. Ordered a resumption of the salicylate of soda. He is taking five grains of sulphate of quinine with forty minims of muriated tincture of iron in dilute phosphoric acid every four hours, alternating with a mixture containing twenty grains of salicylate of soda to the dose, also every four hours. Beef tea: milk and lime water.

High Temp

April 26th. Seemingly not very weak. Temp. 102°. Opened an abscess on the outer margin of the right thigh. In opening these abscesses the overlying skin is always first washed in a 2½ per cent carbolic solution and so likewise was everything that came in contact with the wound. Not one of these abscesses, ever became in the least degree putrid, never exhaling any unpleasant or even perceptible odor.

Eighth Abscess Antiseptic Precautions

Opened an abscess also on the outer aspect of the left arm. Both of these abscesses whre just under the skin. All the other cavities are washed out daily with carbolic lotion and carefully dressed with borated lint and oakum and firm compression applied. Continue the quinine, iron and salicylate. Beef tea and egg-punch. Meteorism.

Ninth Abscess.

April 27th. Abscess washed out: no new ones observable. At 12 M. temp. 102½°, at 9 A. M. Temp 100°.6, pulse 82. Continue medication and nourishment.

April 28th. 12 M. Pulse 82; temp. 101½°; very weak; wandering delirium. No new abscesses. Those existing syringed out. Quinine mixture every four hours, salicylate grs viij, and grs viij of carbonate of ammonia every four hours alternately with the other mixture. Beef-tea and egg. Stimulus given in increased quantity and systematically.

Prostration and Delirium. Increase of Stimulus.

———9 P. M. Pulse 82; temp. 101°. Muttering delirium. Pulse stronger and full. Respiration shallow. He is exceedingly weak. Stimulus in moderation. Continue all medication. Dose of castor oil in the morning to relieve the torpor of his bowels and the meteorism.

Meteorism. Tenth Abscess.

April 26th. 11 A. M. Abscess cavities syringed out as usual. Another abscess on the left arm apparently connected with one already opened emptied and syringed out. The older cavities no longer secrete pus. (Influence of the carbolic lotion as an anti-pyogenic agent, together with the relief of tension, and antiseptic dressings). Some of the incisions seem inclined to granulate. The oil has acted twice, the meteorism decidedly diminished. Pulse 82; temp. 102°.

———7 P. M. Temp. 101½°; Pulse 80. He seems a little better. Can take a full inspiration without pain. He is stronger. Ordered gtt vj ol: terebinth: every four hours as an addition to his salicylate and ammonia mixture.

April 30th. 11 A. M. All of the abscess cavities have ceased to secrete pus. He is more rational. An epididymitis has appeared on the right side. Pulse 84. Temp. 101½°. Suspension of the testicle and belladonna and oleate of mercury ointment.

Right Epididymitis.

———9 A. M. The bowels are constipated and the puffiness of the abdomen is increased. Pulse 82; temp. 102°. Order a few mercurial pills. Ol. Ricini in the morning.

Sudamina. Free Stimulation.

May 1st. 11 A. M. A plentiful crop of sudamina has made its appearance on the neck and shoulders Intelligence perfect. No disposition towards somnolence. Pulse 72 and weak; temp. 101¼°. Continue all medicine. Stimulation increased to a tablespoonful of whiskey every two hours.

———9 P. M. Quite rational; no evidence of inclination towards sopor; reduction of the salicylate of soda and turpentine mixture to half doses.

Eleventh Abscess.

May 2nd. 11.30 A. M. Opened another abscess, situated in the left arm over the head of the flexor carpi radialis. There is another one forming on the thigh. Temp. 100°.6: pulse 72.

———8 P. M. Temp. 101.8°; pulse 80. Testicle no worse. Several small actions. Continue all medicine, etc.

May 3rd. 11 A. M. Opened an abscess on the left thigh just under the sartorius, at the inferior angle of Scarpa's triangle. Intelligence quite clear; bowels tympanitic. Tongue red, free of indnitus and moister. Pulse 84 and good; temp. 101¼°. Oil given this morning has not acted. Cont. Twelfth Abscess.

———9 P. M. Bowels moved twice to-day. Tongue moist. Testicle more swollen and very painful. Pulse 84; temp. 101°. Continue medicine and diet.

May 4th. Opened another abscess on the right thigh. His condition is distinctly better.

May 5th. Pulse 80; temp. 100°.

———8 P. M. Pulse 72; temp. 101°. Ol. ricini has acted well to-day, producing very copious and almost purely bilious stools. Stimulus increased to a tablespoonful and a half of whiskey every two hours day and night. Cont. Thirteenth Abscess.

May 6th. Morning; temp. 101½°. Evening; temp. 101°. Cont.

May 7th. 11 A. M. Ol. ricini acts well. Temp. 101°.

———8 P. M. Temp. 99½°; pulse 72. Testicle quite painful. The urine is quite clear. There is no pain on micturation. Altogether he feels better. Takes milk and lime water and beef-tea and whiskey in increased quantity as noticed on the 5th inst. The iron is discontinued, but the quinine persisted in, in alternate doses with the ammonia, salicylate and turpentine mixture. Improvement.

May 8th. Pulse 76; temp. 99¼°. Testicle very painful.

May 9th. He is apparently doing well. Morning. Pulse 76; temp. 101°: Evening. Pulse 72; temp. 99½°.

May 10th. Continues to do well. Bowels are systematically moved, though with caution.

———8 P. M. Complains of great weakness. Pulse 90; temp. 101°.

May 11th. Testicle strapped. Opened a large abscess over the right tuber ischii, and washed out its cavity thoroughly with carbolic acid. Pulse 95; temp. 99½°. Fourteenth Abscess.

May 12th. Has recovered from the depressing effects of the abscess. Extremely emaciated. Takes

milk-toast three times a day. Last night resumed his quinine iron and turpentine with carbonate of ammonia mixture. The stimulation is free p. r. n. Beef-tea and egg-nogg, at 8 P. M. temp. 99½°; pulse 84.

Fifteenth Abscess.

May 16th. Opened a large abscess under the rhomboidei and superior angle of the right scapula, a very difficult part to deal with.

Sixteenth Abscess.

May 20th. The compression of the testicle has to be discontinued in consequence of the formation of an abscess, very probably in the epididymis. This abscess was opened and washed out as usual with carbolic acid, compression being applied as well as the parts would admit of. He is doing well. All the abscesses are healed except the one lanced on the 16th of May, and this is nearly well.

Seventeenth Abscess.

May 26th. The testicle is greatly better. It is much reduced in size, and scarcely painful at all at present. A large abscess, which had formed very insidiously on the inner aspect of the left thigh, outside of the femoral artery, holding six or eight ounces of pus, was opened to-day. No injection of carbolic lotion was practor fear of forcing the injection widely among the muscles of the extremity. Antiseptically dressed, and drainage tubes inserted.

May 28th. Abscess on leg washed out with a carbolic lotion. Another small abscess is detected by palpation situated on the dorsum of the left scapula in the infra-spinous fossa.

Eighteenth Abscess.

June 14th. The abscess on the scapula seems to have disappeared. Another one, however, of large size has formed deep in the left poptiteal space, and was opened to-day. A large quantity of thin pus escaped. The inflammation and swelling due to this abscess, has prevented extension of the knee more than to 120°, and suggested to the patient fears of false ankylosis of the joint. In this however the patient and his friends were disappointed.

Impairment of Hearing in Left Ear due probably to Pyogenic Myringitis.

July 1st. The knee now straight again. The abscess puncture was healed. The patient is out. Hearing in the left ear is very much impaired. The sinus in the scrotum still persists. He shortly after this left on a visit to a friend in the country.

Aug. 10th. Has just returned from the country,

when he had an attack of malarial fever. The c. s. 33 he took with him has not been passed, but now enters easily. The left knee-joint is perfectly restored. The hearing in his left ear is a little better, and will improve, he is told by an aurist, by treatment. The right testicle is reduced to one-third of its original bulk, but the sinus has closed. The result proves the abscess opened within the scrotum to have resulted from a suppurative epididymitis, or that occlusive inflammation of the body and globus minor of the epididymitis was excited by an abscess in its immediate vicinity, either in the testicle itself or primarily in the cord or tunica-vaginalis.

Atrophy of the Testicle.

Aug. 17th. C. s. 33, 34 and 35 passed without any difficulty at all.

Sept. 13th. Has been in the country and has not passed the sound during his absence. C. s. 35 passes with ease. There is so much irritability of the prostate that it is determined to administer an injection of nitrate of silver.

Sound Passed.

Sept. 14th. 2 P. M. C. s. 35 passed. It creates an ardent desire to micturate, which cannot be restrained and the urine is expelled by the side of the sound.

———7.30 P. M. Half a drachm of a solution of nitrate of silver of the strength of ʒi to ʒj is injected into the prostate by means of my improved catheter syringe. A preliminary enema of ½ grain of morphia had been given. The pain and ardor urinæ were very severe for twenty minutes, then declining. Ordered a suppository of morphine and belladonna at bed time.

Injection of Strong Sol. of Nitrate of Silver into the Prostate.

Sept. 16th. Has passed urine very frequently, and at each time some blood, since the injection.

Sept. 19th. No more blood for a day or two. Has a severe bilious attack with headache.

Sept. 22nd. Is well again and will leave for Eureka Springs at once.

July 3rd. The patient has not been seen since, but is heard from. He regained health and strength absolutely, became stout and perfectly well, and is to be married in few months. Sends me a similar case from the springs, for treatment.

ARTICLE XLV.

QUININE AMAUROSIS. By WM. DICKINSON, M. D., of St. Louis.

In the September issue of this JOURNAL, in his Report on Ophthalmology and Otology to the late meeting of the Illinois State Medical Society, Dr. F. C. Hotz is represented as stating, "Quinine Amaurosis, blindness from overdoses of Quinine is among the new discoveries."

The term "new" may have a relative signification, so also its opposite *old* but no one can arbitrarily determine the line of demarcation between them. During the period of a few years just past, every department of medical science has made unprecedented advances, much that was vague has been distinctly defined; hypotheses have been proved to be untenable and exploded, or, having successfully passed the ordeal of demonstration have been incorporated in the grand structure of medical lore; and much, that formerly was accepted as fact having been shown to be specious and false, has been eliminated and consigned to oblivion. All these transmutations, substitutions and accessions, numerous and important have been made in so brief a space, that the discoveries new, a half decade since, must to day be regarded as old. Reports to societies holding annual sessions are usually understood to embrace new facts or new relations of old ones observed, or discoveries of value which have been made during the preceding twelve months. If this limitation shall obtain, then the term "new" in the connection in which the Doctor employs it can have no scientific verity: and as one senator said of another, "if he designed to state that which was not true, he has been remarkably successful." Why does he ignore the records? To suppose him ignorant of the testimony of the authors of our most popular treatises would not be complimentary. Wells in the First American Edition (1869) p. 411, distinctly alludes to the observed fact that in rare instances quinine produces amaurosis; and in the corresponding edition of Stellwag 1868 p. 668, the author alludes to two cases of amau-

rosis produced by large doses of quinine, reported by Graefe. From these references it will be observed that more than twelve and even thirteen years have elapsed since this *new discovery* was recorded.

This criticism is incidental and preliminary to the narrative of a case of "quinine amaurosis" occurring under my own observation and treatment. Before proceeding to it I will refer to a case of a similar character reported by Chas. E. Michel, M. D. St. Louis, and published in that classic repertoire, *Archives of Ophthalmology*, June '81. Only the salient features of which I do propose to give. This patient a man 58 years of age residing in the country was attacked Feb. 2nd 1880 with intermittent fever had been treated with large doses of quinine having taken forty grains on the first day; fifty grains on the second and became suddenly and totally blind on the night of the third day, one hundred grains had been taken during the five hours immediately preceding the moment when vision was extinguished "just as if you had blown out a lamp." He was also rendered very deaf, the deafness continued more than ten days; from this he has partially recovered, but has never fully regained his former acuity of hearing; when first seen by Dr. M. March 2nd. 1880, the patient had "no perceptions of light; arteria centralis retinæ, barely visible as minute threads, which could not be followed far from the region of the disc; veins less than half their normal calibre; choroid pale. He chews tobacco freely but does not smoke; is temperate; drinks neither tea nor coffee habitually. No history of syphilis or rheumatism."

"Five years previously had an attack of *coup de soleil*, and since that time has not been able to expose himself in hot weather" without being oppressed at once. The intrinsic potential cause of blindness Dr. M. attributed "to spasmodic contraction of the musculature of the arterial walls" of the vessels of the fundus. From the observed effect of Nitrate of Amyl in producing cerebral turgescence, this agent was employed but without obvious benefit to vision or effect upon the blanched discs: also Tr. Ferr. Chlor. and Pill composed of Phosphorus and Ext. Nucis Vom. A mild galvanic current (descending) to the sympathetic and also to the eyeballs was applied daily. After the persistence of this course of treatment for a week. March 9th '80, "the patient thought he perceived a glimmering of light." March 21st. The patient's general health had much

improved, but there was no improvement in vision, nor was any perceived on April 1st, when he was allowed to return home. Still remaining under the medical supervision of Dr. M. Two weeks after reaching home, some improvement was observable and again a little in August, when he began to steadily improve. About the middle of October he was able to locate the handle of a tin dipper held by some one near him. * * * "By the first day of November sufficient central vision had been re-established to enable him to read words in a newspaper, a few at a time."

The patient was again seen by Dr. M. Feb. 9th. '81: the former thinks his vision has not improved during the last three months. Feb. 14th appearance of fundus had improved in vascularity and coincident with it a little improvement in vision.

June 15th. The extent of the field of vision with the right was, vertical, *eleven* inches—horizontal, *seventeen* inches; with left, vertical, ten inches; horizontal; twelve inches. Pupils respond promptly to light. No change in fundus of eye, taken from a record made at the time.

My own case occurred in a lad of ten years of age, enjoying good general health. He had a chill Aug. 3rd, 1872, again on the 5th and 7th. During the intervals, his father, at his own instance, gave him quinine, in the aggregate (he thinks) about thirty grains. The chilly stages were not notably severe, but the febrile were characterized by powerful reaction, during the continuation of which the patient complained of pains in his eyes; he was also delirious for one half or three quarters of an hour. On the morning of the 11th he observed his vision was much impaired and complained of its being dark, yet to some extent he played with the other children during the day. On the 13th his vision had so much diminished that it was with great difficulty he could perceive his food. His vision continuing to decline, in a day or two he lost all perception of objects and even of the light of day. He occasionally perceived flashes of red light, and experienced pain in the occiput, extending from thence on each side forward to the external canthus of each eye, also pain in the neck and back. By the family physician he had been very judiciously treated, but when presented to me Aug. 22, he was in the condition of total blindness; even the bright light of a gas jet admitted to the eye at a short distance was not perceived. He presented the characteristic amaurotic stare; external appear-

ance of the globes was normal; pupils were dilated and in no degree reacted to the access of strong light. With the ophthalmoscope all the dioptric media were found to be intact and transparent, but there was detected marked congestion of the retinal and choroidal vessels, together with a remarkable tumefaction of the optic disc; it appearing swollen and pushed forward prominently with the vitreous. Its condition was very similar to that denominated "stanungs papille" "choked disc," the usual con-comitant or result of neuro-retinitis. A stasis of the blood had been occasioned, in which the lamina cribrosa had especially participated. This was due to intra-cranial obstruction to the circulation: perhaps to pressure upon the cavernous sinus, preventing the ready flow into it of the vena centralis, or in consequence of this stasis, effusion of vascular contents had taken place between the optic sheaths, which space communicates with the sub-arachnoid space, the resulting effect of all being at first partial, and afterward complete, impediment to the conductivity of visual impressions by the optic nerve. It may have been due to pressure upon the optic chiasm, caused by accumulation of fluid in the ventricles, either exerted directly upon it or by excess in distension of the recessus or cavity in the corpus callosum, discovered by Michel, from fluid communicating with the same ventricles. The agent, in the production of the phenomena determing blindness, was quinine, its effect being primarily to stimulate the vaso-motor fibres of the sympathetic, and secondarily to paralyze them. Hence the passive congestion, stasis etc. It must be granted that this patient possessed an abnormal susceptibility to this drug. This peculiarity was hereditary; since his mother states, when a child and under similar circumstances, that she experienced similar effects after its exhibition. Why quinine should produce these peculiar effects we cannot tell; nor why opium has its elective seat of energy upon the brain, strychina upon the medulla, ergot upon the uterus; but that they do thus act none can deny. Gubler propounds an ingenious and poetic hypothesis, "a sort of predestination which is attached to their physico-chemical constitution and which causes these remedies to go and take their place, each in particular tissues and destines them to be eliminated by certain ducts." So of quinine it may be said, its action is predestined to expend its energy upon the vaso-motor fibrils, having been absorbed by and disseminated in the plasma

of the blood and finally reached the histological elements. To these it surrenders the medicamental force inherent in it and structural modifications take place.

Without entering into minute details of treatment and results of our case, it will suffice to state that the usual agents termed derivants and absorbants were employed, simultaneously or in succession as the symptoms seemed to demand, for relieving congestion and removing its products: (e.g.) leeches to the temples, lower-lids and mastoid process and fleeting blisters to the latter. Cold applications to the closed eye-lids and forehead, cathartics and hot pediluvia: towels wringing from hot water applied to the nucha and back; and dry cupping to each side of the spinal column.

[The cupping was performed in the following manner viz. the patient being prone, the cutaneous surface of neck and back to the sacrum was first smeared with olive oil; a large cup, the exhaustion of air having been secured by the ignition of a bit of porous paper saturated with alcohol was then inverted and applied by a quick movement to the skin, say of the neck; a considerable elevation of skin speedily takes place within the cup. Without too long delays the cup is then seized and retaining it in its natural position, with a strong hand, it is slowly moved down along one side of the spinal column and then moved to the other side; it is glided up in the same manner to the neck. It is then moved to the side of its first application and the same movement is repeated. Care must be observed that when first applied, the cup does not remain too long *in situ*, as the pressure of the atmosphere upon the cup may produce impressions, indentations so deep that it cannot be moved as is desired. This manœvre will prove one of the readiest and most powerful of revulsives.]

The internal remedies employed were syr. iod. ferr. and tr. iodinie. Perceptible benefit was experienced from the commencement of treatment, for on the next day he began to distinguish colors and perceive the form of objects. Vision which at first was peripheral became central. Pupils slowly returned to their normal size and became responsive to access of light. Vision returned first in the right eye, which same was the first that became affected. During convalescence he had slight chills on alternate days; these however produced no interruption or retardation to recovery of vision; for this complication he was

treated with Fowler's solution which was successful in its arrest.

Certain exigencies in domestic affairs demanded a return home, after having been under treatment for *ten* days. During this period quite good vision had been regained and his condition gave promise of uninterupted amelioration. A letter received two weeks later from his father states "my boy has improved uniformly in his sight has been able for the last three days to read ordinary print; his general health is also improving."

In the No. of *Archives of Ophthalmology* alluded to above the editor Dr. H. Knapp publishes three cases of quinine amaurosis, all characterized by similiar ophthalmoscopic phenomena as that reported by Dr. Michel; especially the anæmic condition of the papilla and vessels of the fundus. In these respects they all differ from my case, in which there existed very marked congestion. In all, blindness was total but only temporary but the former acuity of vision was not regained. The hypothesis we think is tenable, that in these cases the stimulating action of quinine upon the vaso-motor nerves of the ocular vessels preventing their contraction was so powerful and persisted for so long a period that relaxation did not take place till such nutritional changes were induced that did not admit of immediate or of complete repair; while in my case paralysis of the same vessels very speedily followed their contraction; this was followed by congestion and extravasation and pressure, the proximate occasion of the blindness. This condition kindly yielded to the therapeutic agencies adopted and perfect vision was speedily regained. The flashes of red light perceived during the period of total blindnes, demonstrate that considerable irritation existed also of the ganglion cells at the seat of usual perception in the angular gyrus (Ferrier) or the occipital lobe (Munk) or in both. These cases demonstrate the capability of quinine in effecting allotropic conditions in the optic apparatus resulting in blindness and authorize a favorable pnognosis especially if the affection he early detected and appropriate treatment be rendered.

Clinical Lecture.

ARTICLE XLVI.

DELIVERED AT ST. JOHN'S HOSPITAL BY T. L. PAPIN, M. D., LL. D., PROF. OF CLINICAL GYNÆCOLOGY, MISSOURI MEDICAL COLLEGE. REPORTED BY S. EMORY LANPHEAR, M. D.

GENTLEMEN:—To-day I have the pleasure of presenting to you a very interesting case of Amenorrhœa—suppression of the menses. The patient, a young lady some twenty years of age, about three months ago was suddenly startled by receiving intelligence of the death of a near and dear relative. Her menses, which were due that day, were suppressed and since that time have failed to make their appearance, giving rise to a distressing set of symptoms which I shall presently describe.

Now by the term Amenorrhœa is meant an absence of the menstrual flow, otherwise than that caused by the menopause or pregnancy and lactation. Although really only a symptom, it is still of such frequent occurrence as to demand your earnest attention. For convenience of discussion we will divide it into suppression and retention of the menses. Menstruation normally makes its appearance at the age of eleven to fifteen years, differing according to climatic and social surroundings; in this zone, however, puberty generally appears at about the age of fourteen, although instances of precocious development attended by menstruation are by no means rare, while upon the other hand, ovulation is often delayed until quite late in life, but in the latter cases, unless there be some palpable cause or the general condition of the patient demand it, medical interference is rarely required.

There are three general classes of retention. In the first class of cases, we find girls at the age of eighteen or twenty resembling those of ten or twelve in the development, not only of the generative organs, but usually of the whole body, the subject being pale, weak and languid, with a feeble circulation, anæmic and perhaps of stunted growth; these cases evidently

require a general tonic treatment, nourishing diet, out door exercise and pleasant social surroundings, the cause being a general debility of the entire system.

But the approach to womanhood may be delayed by a far more serious cause, in spite of which the girl continues to grow, becomes healthy and vigorous, almost masculine in character and appearance, but no sexual propensities exist; in these cases there will be found some fault in the generative organs alone, perhaps most frequently in the ovaries although it may arise from a deformity or absence of some other organ. Complete absence of any organ is very rare, but a rudimentary condition is quite frequently met. Scanzoni says that upon a careful analysis of reported cases of absence of the uterus, he finds that almost always some rudiments of the organ remain, so that authenticated and unquestionable instances of this anomaly are extremely rare; and an entire absence of the ovaries may be said to be quite as infrequent, although often found in a state resembling those of the fœtus. Of course in such cases as these medical or surgical skill can be of no avail and the patient should be subjected to no treatment where a positive certainty exists regarding the condition of the patient. A condition very similiar to this has been noted where oöphorectomy or extirpation of the ovaries has been performed.

In the third class, upon the contrary, development from girlhood into womanhood has occurred at the usual time, the sexual organs being fully developed but unattended by an appearance of the monthly discharges; this is a true case of retention of the menses, and as such, it becomes a matter worthy of your attention. The patient complains of headache, a pain in the back and limbs; there is a dull, heavy aspect, lassitude and generally an increased nervousness. These are by far the most frequent cases and are generally due to a sedentary life occurring commonly in girls of indolent habits accustomed to a luxurious diet, hot rooms and the multitude of other unhealthy conditions that are too often found among the daughters of the wealthy classes. These too are the cases in which success is most easily secured, provided the patient will enter into the plans suggested for her relief. In the first place, her old habits of indolence are to be broken up; she should be sent to the country where she can take plenty of exercise, especially by horseback riding, and where she can have a plain substantial

diet. This change of habits will generally be sufficient to effect a speedy cure; but it may be assisted by the course of treatment I will soon describe when speaking of suppresion of the menses.

There is still one more class of cases of which I must speak ere I leave this part of the subject, namely, a condition known as chlorosis or green sickness. In these, as womanhood approaches, there is a marked derangement in the health of the patient. The subject of this trouble has probably been kept in illy ventilated school houses or manufacturies, breathing the foul atmosphere of close rooms instead of the pure air of heaven, kept upon improper food and without a proper amount of exercise, the mind perhaps much more fully developed than the body, what wonder then that nature cannot assert herself and that a condition is created in which there is a general torpor of the entire system? The spirits are depressed, an hysterical condition of the nervous system supervenes, the appetite becomes depraved, the patient craving and eating the most inconsistent and indigestible substances, such as slate pencils, chalk, clay, vinegar etc.: the bowels constipated, the tongue coated, and the complexion of a dirty, almost greenish hue; the patient is usually anæmic to a marked degree, and troubled with cold extremities and extreme weakness. Sometimes it is accompanied by a cough, more or less marked, hence leading incautious practitioners into the error of diagnosing it a case of phthisis pulmonalis, a mistake of grave importance. The menses have not yet made their appearance, or at least there have been but one or two "showings" at irregular intervals. In the treatment of this form of amenorrhœa, the same rules regarding a change of habits, diet, etc., are applicable as in the class I have just described; conjoined with this change there must be given a tonic, and of tonics, iron stands pre-eminent above all, the muriated tincture being preferable in most cases although Vallet's mass (Pil. Carbonate of Iron) is much lauded by gynæcologists; the bowels must be kept open by the appropriate means, aloes in combination with other laxatives being considered the best. The diet must be nutritious and easily digestible, milk, eggs, beefsteak and wines being required and as the general condition of the patient improves, the menses will make their appearance at the proper time.

In a few cases retention may be caused by imperforate hymen

easily recognized by a digital examination, when it must be remedied by surgical interference, the operation for which I have described in a former lecture. Accidental or congenital closure of the cervix uteri acting as a cause must also be removed in a like manner.

Suppression of the menses may occur at any time between puberty and the menopause and must be carefully distinguished from pregnancy, for unfortunately many abortions have been produced by incautious efforts to bring on the courses. It may be caused, as in the case I present to you to-day, by intense mental excitement, frights, high fever, exposure to cold and wet just previous to or during the menstrual epoch, and to a variety of causes of a like character. Sometimes the failure of menstruation may pass without much systemic disturbance, at the next period the discharge making its accustomed appearance. But in most cases there is a considerable amount of fever, a hot and dry skin, tongue coated, intense headache, and pain in the loins and limbs, and such cases demand active treatment. This suppression may prove a source of great trouble in some cases, as unless removed it may continue. If the patient be plethoric, venesection may be resorted to, or in lieu of this, active purgatives may be administered; long continued hip baths are of benefit, cathartics should be repeated several times and such warm diaphoretic drinks given as may be agreeable. If the period be already past, you may be unable to bring on this monthly discharge, but the following one may be brought on by giving a so-called emmenagogue mixture, about as good as any perhaps, being a combination of six grains of Calomel with six of Aloes and the application of dry cups to the loins; and if these do not succeed, by again resorting to the methods I have just given you, assisted by warm injections into the vagina, enemata or perhaps the repeated passage of the sound, you will usually succeed in remedying this important trouble.

Translations.

ARTICLE XLVII.

FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

DURATION OF LIFE IN THE FŒTUS AFTER THE DEATH OF THE MOTHER.—In 379 cases in which the Cæsarian operation was performed, 308 children were dead, 37 gave signs of life and 34 were living. Among these latter 5 lived a considerable time.

Gareski has made experiments upon animals to determine the duration of the child's life after the death of the mother. The following are the results:

1. It is not a matter of doubt that, in case of sudden death of the mother, the child should survive.

2. The extraction of a live fœtus is rendered probable if it is done during the first six minutes succeeding the death of the mother.

3. There is hope of restoring to life, in spite of asphyxia, children extracted from six to ten minutes after the death of the mother.

4. They may be saved after a lapse of from 10 to 26 minutes.

5. Often the fœtus is already strongly asphyxiated after the first minute.

6. The survival of the fœtus is longer in proportion to the short space of time intervening between the cause of death and complete cessation of the heart's action.

7. The death of the mother by rapid intoxication is more favorable to the survival of the fœtus than when due to other causes.—[*France Médicale.*

THE EFFECTS OF NERVE-STRETCHING IN ANIMALS.—This operation, which has been applied, in France, by M. Debove, is of German origin. Baum of Dantzig, Nüssbaum and Masing of St. Petersburg have published cases in which the cure of facial and intercostal neuralgia was effected by this heroic operation. Debove has employed the method in the fulgurating pains of ataxics. The method acts, probably, by modifying the state of the cells of the medulla, but it is to be feared that this is followed by certain bad effects, especially upon reading the results of experiments made by M. Quinquaud, and announced by him to the Société de Biologie. A month after stretching the sciatic nerve in a guinea pig, he saw trophic troubles supervene and spontaneous amputation of the toes to which this nerve is distributed, and he found the same anatomical lesion which a section of the nerve would have done.

Nothing similar has been observed in man, but it is good to be forewarned that trophic troubles may be produced.—[*Paris Medical.*

Note.—It is unfortunate that M. Quinquaud did not make a careful examination of the nerve to see if it had not been entirely separated by the stretching. The symptoms—the trophic troubles—would seem to indicate that the nerve was perhaps more than merely stretched and the axis cylinder had been ruptured. (TRANS.)

THE TREATMENT OF PTYALISM IN THE INSANE.—Ernest Daujat in an inaugural thesis on the above subject states that the insane have a great toleration in respect to atropine, which has also been observed by others.

The author thus sums up his conclusions:

1. The neutral sulphate of atropine is, without doubt, very efficacious in the treatment of the ptyalism of the insane.

2. When it does not completely cure the salivation, it diminishes it considerably; and when it occurs it never attains its former intensity.

3. The cure of salivation generally requires a course of treatment lasting a mean length of three weeks, and the administration of neutral sulphate of atropine in daily doses of from 1 to 3 milligrammes, progressively increased.

4. The length of treatment seems to bear a proportion

rather to the length of time the affection has existed, than to its intensity.

5. Alienated persons seem to support well the sulphate of atropine.

6. It is well to note also the good effects that have been attained in cases complicated with bronchorrhœa and epilepsy. Finally, let us note the cure of a rebellious and very abundant epiphora.—[*Lyon Médical.*

PREVAILING CHARACTER OF SKIN DISEASES IN CHILDREN.—In a lecture on this subject M. Guibout states that, on account of the great physiological activity of the organism of the child, it it is particularly liable to hot, acute diseases in which the inflammatory type predominates. The exanthemata find the child's skin a soil that is of the choicest. Again the mucous membranes are subject to the like inflammatory acute affections. In the child coryza is almost always present; all the varieties of stomatitis, aphthæ, and the whole series of anginas, catarrhal, pultaceous, herpetic and diphtheritic are observed.

At the end of the first or during the second month we find the head covered with *milk crust*, which is nothing else than eczema impetiginosum (e. pustulosum). The folds of skin, in contact, and rubbing against each other exposes it to purulent erythematous inflammations, as shown in the different forms of intertrigo.

In the child solar erythema (e. from caloric) is very common and if it be cold that acts pernio or chillblain, an inflammation of a bad character and closely approaching to gangrene in its disorganizing character, is produced.

Strophulus (milium) often covers the body with its white papules; urticaria is often found although no cause, in any trouble of the digestive functions, exists. The cause lies in a disposition of the skin to become congested, on account of its delicacy and the abundant capillary supply with which it is provided.

The lecturer supported Hardy in rejecting the claim made by Bazin that the above named diseases are scrofulides. For by accepting such a doctrine all children would be scrofulous as all or nearly all are affected by them; and when seen in scrofulous children they assume different characteristics. Besides it is difficult to admit that a diathesis so grave, so deeply implanted

in the organism, so chronic in its evolution, so torpid in its development so long in duration should be represented by lesions so ephemeral, so superficial and which heal without any specific treatment. The herpetic diathesis exists in the child appearing from the second to the fifth year and always manifesting itself by affections of an inflammatory character, with moist secretion, of acute form such as eczema, impetigo and ecthyma. The chronic forms such as prurigo and psoriasis are almost never seen in the child.

Syphilis does not spare the child; and often kills it *in utero*. If the fœtus resists its deleterious action and is born living, the different manifestations of the disease succeed each other rapidly during childhood and a fatal termination is often the result. On the other hand, if the disease is on the road to cure, its march to a happy termination is equally rapid.

It is during the first three or four years that scrofula makes its appearance; it attacks, at first, the nasal mucous membrane and the eyelids. It is only later that the lymphatic glands become engorged and suppurate. And it is in adolescence and adult life that scrofulous lesions attain their height in regard to gravity and fully accomplish all the disasters, of which they are capable.

Here are other affections of a different type: pemphigus, ecthyma, and rupia. It seems strange to meet them in a child; they do not seem to belong to it, they are the lesions of cachexia. This is true, but childhood also has its old age and its cachexia. Who has not seen one of these dried-up, shrivelled beings whose sallow skin is already toughened, with a face full of wrinkles? These beings by reason of an insufficient and bad food, worse hygienic surroundings and filth become aged even whilst infants, and they become subject to the skin diseases of old age.

In conclusion, the general characteristic of the skin diseases of children is inflammation, is the acute form, the rapid evolution. The result is that the treatment of these must be antiphlogistic and emollient.—[*Gazette des Hôpitaux*.

CONTUSION OF THE TESTICLE AND ITS CONSEQUENCES.—M. Terrillon together with M. Monod in a paper read upon this subject, lately, comes to the following conclusions:

1. Contusion of the testicle may produce painful phenomena of a transitory nature, without appreciable lesions.

2. It may be accompanied by primary disorders, soon followed by an inflammatory reaction with the production of fibrous tissue and atrophy of the tubes of the testicles. A true atrophic traumatic orchitis is formed.

3. There are three degrees of contusion. The first, in which only cappillary hemorrhage into the connective tissue is observed. The second, with circumscribed foci formed by the debris of broken tubes and blood globules. The third is characterized by a more or less complete rupture of the tunica albuginea. This is a crushed testicle.

4. Atrophy most frequently comes on in youths and young men. Suppuration, which is more rare, is found in old men or in those who have broken down.

5. The frequency of traumatic orchitis has been greatly exaggerated; for, it has frequently happened that the first pain, felt at the beginning of a gonorrheal epididymitis, has been mistaken as the result of a blow on the testicle.

6. Contusion, may awaken in the testicle, the evolution of a tuberculous or syphilitic diathesis, or bring into activity tubercle, which had been in a latent state up to that time.

7. The epidydimis is often affected, at the same time, but it has less tendency to atrophy.

8. The phenomena of the irritation, present in the tunica vaginalis or in the connective tissue of the scrotum, often mask the characteristics peculiar to traumatic orchitis, and are a prolific source of errors in diagnosis.—[*Ibid.*

TETRA-ORCHIDIC INDIVIDUAL.—Dr. Cebina observed a rare anomaly in a soldier.

The patient had a chancroid which resulted in an ulceration extending along the whole left half of the scrotum and in depth to the dartos and even to the tunica albuginea. On this side were observed two testes, the one of small size was supplied with an epidydimis and vas deferens; the other, was somewhat larger, and there was no doubt as to its being a testicle. Both testicles were perfectly distinct, the one from the other and the

only band of union between them was a small canal, the remains of a vas deferens, going from the larger testicle to the vas deferens of the smaller one. The supernumerary testicle was above and behind the other.

The same peculiarity was found to exist upon the right side, manual exploration being used. The larger testicle on this side was not as fulley developed, in volume, as its fellow of the left side.—[*Moniteur de la Policlinique.*

POTTS' DISEASE OF SYPHILITIC ORIGIN.—Prof. Fournier has observed the following rare case :

A man, aged 55 of athletic build, has noticed the state of his health change since several months, without being able to assign any cause therefor. He has become thin, enfeebled to such a degree, that he could scarcely walk when Prof. Fournier saw him for the first time. He had lost his appetite; besides, he complained of lumbar pains which were constant and of a dull heavy character, in general; but at times, very acute and extending to the lower limbs.

Specific sarcocele, gummy tumors and ulcerations, etc. were found and energetic treatment immediately instituted, but it failed to retard the cachexia which carried off the patient a few months later.

The post-mortem demonstrated, besides the lesions we have mentioned, syphilitic changes in the liver and kidneys, gummy products on a plane with the lumbar nerve and above all multiple and considerable lesions of a Pott's disease, affecting the spinal column at the second, third and fourth lumbar vertebræ and of incontestably specific origin.—[*Annales de Dermatologie.*

Proceedings of Medical Societies.

ARTICLE XLVIII.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 25th, 1881.

Morbid Specimens.

DR. WESSELER.—Mr. President, I have a specimen here. A young man aged 20, a native of Swirtzerland came to the hospital on the 16th of May last. He worked in a machine shop and, as I learned since his death, frequently had "spats" with the men where he was working. When admitted to the hospital he had not felt very well for about two weeks; was able to be about, but looked emaciated and rather yellow, as though he was suffering from malarial fever. I prescribed quinine for him and some mild cathartic, and continued this treatment for about a week. The second week he called my attenton to a pain in his stomach. I examined him more carefully, and found right above the umbilicus an enlargement which was resistant. I was a little puzzled to know, what it was, but concluded that it was an enlargement of the mesenteric glands. There was no vomiting, no constipation, but he continued to complain of the pain in the anterior portion of the body, over the stomach. Drs. Hickmann and Lutz, were called in and examined the case, but there was so much pain that they couldn't come to any conclusion as to what the cause was. In a few weeks this hard substance seemed to disappear. I was unable to feel it but the pain increased and a crackling noise could be heard under the walls of the abdomen at every motion he made, in drawing breath. He was unable to to lie down in bed at all the last two weeks before his death and died in a chair. He remained in the hospital to the 20th of June when he died. For the last three weeks he couldn't stand up straight, but stooped forward. Latterly his lungs became involved and there seemed to be a great deal of obstruction. He could hardly get any breath and the later part of the treatment consisted in giving mophine and brandy. After his death

I removed part of the stomach. On cutting into the abdomen I found very extensive adhesions all the way anteriorly to the walls of the abdomen and a thickened lymph in the anterior wall of the stomach near the pylorus. The organs were studded with a fatty material. All seemed to partake of this same deposit. The explanation that I am trying to make of the case is that the man received an injury to the stomach, for there is a hardened lump there—on the inside which looks as though it was a cicatrix; as though it had healed, although he gives no history of any injury to the stomach. There may have been inflammatory thickening of the organ and that may have produced such a vitiated condition of nutrition as to create this deposit all through the organs. If this is not the explanation I am unable to find one. The lungs became studded with this deposit, so that he was unable to breathe any longer.

The apnœa kept on increasing until he died. The mesenteric glands and the pancreas were filled with hardened cheesy material and tied to the walls of the abdomen, by thick fibrous bands which I think are products of inflammation.

Dr. Johnson.—Did the patient have a cough?

Dr. Wesseler.—He didn't come in with a cough. This occurred while he was there.

Dr. Dickinson.—Mr. President, as I understood it, the specimens exhibited are but samples of affection of other organs of the same character. It seems that all the depurating organs are affected to some degree. The effect on the lungs would certainly be to prevent complete aeration of the blood so that death was rather the result of general degeneration of all the excretory organs, than of the lungs alone.

Dr. Stevens.—It is a very interesting case, Mr. President, and I would suggest that Dr. Wesseler have it examined under the microscope in order to determine its nature. It seems impossible to do so from the inspection we have here taken.

Dr. Wesseler.— I will state that I took a specimen to Dr. Rumbold's office and he has made a partial examination. He will make a statement with regard to it.

Dr. Rumbold.—Mr. President, I made a partial examination of it but I am not yet prepared to state what kind of a growth the tumor is. It seems somewhat like a round cell sarcoma, but

the cells are not large enough, and I have not examined it sufficiently to say just what it is.

DR. LUTZ.—From my own observation of the case—and the doctor asked me a number of times to see the case in his wards—there was very little doubt in my mind but what the man was suffering from malignant disease; the question was the location of the tumor in the epigastric region, about an inch and a half or two inches above the umbilicus. The tumor there seemed to be about the size of a walnut when I first saw it. Then there was dullness on percussion on the left side about the lower half of the lung which seemed to be involved by a deposit which had been put there rapidly. The history of the case was such as to indicate that the growth was a rapid one, which would be an indication of its malignancy. The age of the patient, on the other hand, was such that we wouldn't expect to find malignant disease. For the last two weeks, it was almost impossible to make anything like a satisfactory examination of the internal organs. His favorite position was a crouching one. He would sit down on a low stool and bring his knees up towards his chest in order to relax the walls of the abdominal cavity. Dr. Hickman who examined this case called attention to this position of the patient. He says that he has frequently noticed that persons with cancer of the stomach assumed this position when he could discover no symptoms of tumor. All the organs of the abdominal cavity and both lungs were involved in this deposit, especially were the the mesenteric glands affected. I think the primary disease was in the stomach and that the organs were affected secondarily. The same deposit that is found in the mesenteric glands is found in the liver and lungs. It was an infiltration. I judge the man had a cancerous diathesis. We know that primary cancer of the liver and lungs is rare; but sometimes when we have a cancer of the stomach, and a very small deposit in the stomach, we have a large deposit in the lungs and liver. There is no history of traumatism.

DR. HUGHES remarked that the age of the patient did not necessarily militate against the carcinomatous character of the disease; violence is capable of supplementing in the young the degeneracy of age. Violence and local injuries are much more frequent causes of the developement, than is usually conceded. The cancer of Mr. Beach the late Circuit Attorney here, who was

known to be a healthy man and had no evidences of any cancerous developement up to the time he received a blow in the bowels, followed directly upon that injury.

Dr. Johnston.—A number of years ago it was thought that all we had to do when we have an abnormal growth was to put it under the microscope and determine its character. A logical Kentuckian said: "That cannot be"; and it was soon demonstrated that it was not true. You cannot determine until the disease is far advanced. Now is it true that a blow on the stomach is sufficient of itself, *per se*, to develope this disease that we term cancer? Dr. Hughes says that Mr. Beach received a blow on the stomach and therefore, he had a cancer; but the evidences to every man's mind are to the contrary. I attended a gentleman some time ago, and I understand Mr. President that you and Dr. Hodgen saw him also. I treated him for dyspepsia and the treatment seemed to relieve him for a time. The last time I attended him for three or four weeks; then he came back and said I was not doing him any good, and I understood you could not determine what was the matter until you made a post-mortem examination, and then you found it was cancer. If it is true that you and Dr. Hodgen with your long and extensive experience couldn't determine that it was cancer until after the death of the patient it is logical to conclude that Mr. Beach had a cancer long before he received the blow. This maner of jumping at the conclusions that surgeons have been pursuing since Virchow published his "Cellular Pathology," that cancer is a local growth, and that all you have to do in order to produce cancer is to irritate a point so as to carry on changed nutrition is a very loose way. In this case, that Dr. Hughes spoke of, where a blow is said to have produced cancer, if we knew the history of the family we would find, perhaps, that there is a transmitted diathesis, under which it only required a blow and exposure to produce this abnormal condition which we designate as cancer, and for which we have no remedy. Cancer is not confined to any particular period of life. Now as regards the disease of cancer of the stomach, I have seen quite a number, the position which Dr. Lutz stated was assumed and which he gives as a method of diagnosis is not neccessarily taken; in fact, according to my observation, it is not true. A man with colic will double himself up. If you strike a man anywhere in the stomach he will

double himself up. And the lungs pressing against the diaphragm, owing to their diseased condition and the difficult respiration caused the man to double himself up; but it doesn't follow as a truism that the man had cancer of the stomach which caused him to assume this position.

DR. HUGHES.—Dr. Johnston is putting me wrong on the record. I did not deny the possibility of a hereditary predisposition; I said nothing about the cancer. I do not wish to pass judgement on the nature of the growth without the assistance of the microscope.

DR. RUMBOLD.—Mr. President, I have a pathological specimen here to present to the society. Two weeks ago to-night I reported a case of a patient of mine who had an enlargement of some kind on the neck which involved the larynx. I have now got the tumor here on the plate and it can be examined. I stated that night that I thought it was an enchondroma, but this specimen proves that it is not, so that I was mistaken in that respect. An examination under the microscope seems to reveal it to be a fibrous structure. It is one mass of fibrous layers interwoven into one another. I stated that there was room below the vocal cords for respiration provided we could pass a tracheal tube through the crico-thyroid membrane, but on a close examination this evening I find that the trachea had been pressed quite flat by the tumor, so much so that it raised a ridge on its posterior wall. There is nothing of importance about it except its enormous mass, which so completely filled the larynx that it shut off his breath and involved the œsophagus, therefore it could not have been removed. I don't know that anything could have been done for the patient, that would have been successful. If he could have tolerated the presence of a tube in the larynx, his life might have been prolonged almost indefinitely, by making an operation into the œsophagus and giving him food. He was a strong hearty man and weighed about 180 pounds. He had lost about 20 pounds of his weight during his illness.

DR. HUGHES.—Could he swallow?

DR. RUMBOLD.—Yes sir, but not without some difficulty; he was well nourished his voice was uncommonly good.

DR. HUGHES.—What was the cause of death?

Dr. Rumbold.—Asphyxia. He could not get sufficient air in his lungs.

Dr. Lutz.—Why couldn't you pass a large catheter?

Dr. Rumbold.—Well, that might have been done; I do not know that it could have been tolerated.

Dr. Pollak.—It is certainly a case of goitre. The thyroid gland is enlarged.

Dr. Stevens.—Might it not be like that other disease which started in one structure and passed into another?

Dr. Rumbold.—Yes sir: Many years ago he took a very severe cold that settled in his throat, which has been more or less affected ever since. That was in 1851. Three years ago, he became completely aphonic and couldn't speak at all. He was then seen by Dr. Gregory and other physicians in this city.

Dr. Hughes.—Did you say he died suddenly?

Dr. Rumbold.—Yes sir. The following letter will give a short history of his last illness:

Carrollton, Ills. June 23rd, 1881.

Dr. Gregory:

Dear Doctor.—I send you to-day by express, in Alcohol hermuetically sealed part of the trachea, etc., from the body of Mr. F. Vivell german baker, 51 years old, married, who died suddenly yesterday morning after having had trouble with his throat for several years. Some time ago (say 2 years) commenced complaining of soreness of throat and hoarseness causing pain when he talked too much but received no treatment except domestic remedies until about nine months ago he asked me to look at his throat. I found some redness of the throat and gave him some astringent gargle; also some enlargement just below the pomum Adami more marked on the left than on right side, for which I prescribed Potass Iod. internally and painting with Iodine externally. He grew no better and after using my prescriptions for a time visited St. Louis and consulted you and I think you gave him treatment very similiar to my own and which did not benefit him if any. About two months ago he quit consulting me and I have since heard he consulted Dr.

Prince Jr. of Jacksonville who sent him to Dr. Rumbold of your city, who, I think, proposed to try to remove the trouble by electricity. He also, I believe, saw, at the same time, Dr. Hodgen who only gave him a very slight examination and turned him over to Dr. Mudd who, I believe, prescribed Chian turpentine and sulphur, which probably did not afford him much if any relief. On Saturday last (18th) he sent for me and I found him breathing badly, very much like a child with a (not very bad) attack of croup. I advised him to visit St. Louis immediately and gave him a letter to you and one to Dr. Hodgen. I was apprehensive that tracheotomy would probably be the only measure that afforded any hope and not being prepared to perform it, I wanted him to go where it could be done. On yesterday morning on arising from bed his breathing became very difficult and he died in half an hour. I did not see him (being absent) until after death. Two other physicians saw him but decided that nothing could be done. We this morning removed what I send you, my knife was dull and the thing was not done very artistically, but I think all parts essential to understanding the case are with the specimen. We did not divide the upper part of the tube but left it as we found it to show the narrowing of the tube. Some of the physicians present thought they detected pus in the glandular structure. I send the specimen for your collection if you desire it. I would be glad if you feel like it, to have you show it to your medical society and be so kind, if not too much trouble, to notify Drs. Rumbold and Mudd to be present as they saw the man during his life twice and examined the case. Would like to have your opinion of the case.

Yours truly, J. T. Crow, M. D.

DR. HUGHES.—Was any operation ever attempted?

DR. RUMBOLD.— No sir. The operation of tracheotomy was suggested and I spoke to him of passing a tube through the the larynx by the mouth but I didn't think he would allow it to remain there. I believe if I had another case of the same kind I would pass a large catheter through the mouth and larynx into the trachea. I would like to hear from Dr. Mudd as I believe he examined this patient.

DR. MUDD.—The first time I saw the tumor just presented was a week ago last Sunday—two weeks ago to-morrow and the

point of interest about the case was the firm infiltration which surrounded the larynx and trachea and which extended down as far as the sternum, resting upon the sternum, particularly upon the right side, so as to cover completely the crack of the trachea, so completely that I couldn't determine the site of the trachea, except by auscultation, and by a supposed line which may be drawn from the notch of the thyroid cartilage, which could be distinctly felt, two-thirds of an inch or an inch to the right of the median line. The tumor was much larger upon the left side than upon the right. As Dr. Rumbold stated, he was suddenly taken with aphonia but this became better in six or eight months, so that when I saw him he could talk pretty well though hoarsely. I could see no possibility of benefitting him by operative interference—not even by tracheotomy nor by the use of bougies. I could see nothing of the right vocal cord. There was no evidence, so far as I could discern, of any encroachment upon the trachea by the growths; that is, narrowing of the tracheal opening, but it appears to have been there, yet I could not determine that in life, although I examined carefully for it. One point that arrested my attention was the rather rapid infiltration of the parts and their extreme hardness. The growth had developed, as he stated, chiefly within the last twelve months, he having had little evidence of trouble prior to that time. There was one point in connection with Dr. Johnston's remarks that I wish to say a few words about, and that is in reference to the case he mentioned as having attended and to which I subsequently became attached. It was a young man 35 years of age who was emaciated–extremely slender; a man who was well known and who had been an active, close business man and had gradually lost strength although he had never ceased to work, except for a short vacation, after which he returned not much benefitted. At the time I saw him I examined him carefully, lungs, liver and the abdominal cavity. At the time I first examined him I detected an infiltration of the lungs. There was dullness throughout, more or less marked and there was a difficulty in respiration. He complained of pain in the stomach and that was the only complaint he made. This pain at times was quite severe. I was uncertain of the diagnosis until after the past-mortem and then I was surprised. I had a specimen examined microscopically by Dr. Everts and after a careful examination he came to the conclusion that it corresponded very near with the condition

described by the German authors recently, and somewhat of the character of fibrinosis. The walls of the stomach were thickened and contracted. The thickening of the stomach seemed of a fibrous character. The gland tissue of the pancreas didn't seem to be much enlarged but the interstitial tissue was hypertrophied. The liver was irregular and studded with white patches. The mesenteric glands were also involved. It was a case of extreme interest and I should have reported it to the society at the time had it not been for the delay which occurred in the microscopical examination.

Association of the American Medical Superintendants of American Institutes for the Insane.

DR. HUGHES was called upon for a report of the meeting of the Superintendants of Asylums lately held in Toronto he said: I am very glad to see the society taking an interest in the doings of this organization for it is the oldest regularly organized medical body of a National character in the United States, the American Medical Association not excepted. The session recently held at Toronto was the 35th annual session of the body, and like most of the sessions it was one of scientific, as well as, social and practical interest. The characters of the papers read before the body were such as do credit to the profession, and the manner in which the body was received by the officials, citizens and physicians of Toronto was certainly pleasing to every member of the Association.

Interesting papers were read upon various subjects, of general, as well as, special medical interest by Drs. Gundry of Maryland, Workman of Toronto, Hurd of Michigan and others.

Dr. Everts of Ohio, read a paper on the "American System of Public Provision for the Insane, and Despotism in Lunatic Asylums;" DR. Workman of Toronto, on "Some points in the management of the Insane." Dr. Hurd of Michigan, read "A Plea for Systematic, Therapeutical, Statistical and Clinical Study of Mental Disorders." Dr. Gundry of Maryland, read a paper on "Separate Institutions for Certain Classes of the Insane" and your humble servent introduced a paper on "Cephalic and Spinal Electrization." These were throughly discussed and many interesting facts, by this manner, brought to light.

The Association was received by the Governor General of

the province of Ontario, and, during our stay, were entertained right royally. Mr. Langmuir the efficient inspector of asylums and reformatories for the Provinces of Canada was present at the meeting and contributed largely and substantially toward the entertainment of the guests. All the public buildings of note in the city were thrown open and the members of the Association were conducted to them in carriages by the authorities. What is called in Ontario the Public School building, and which is now an art museum, was also thrown open to the association, and it was the universal verdict of the delegates that the collection of busts, paintings and sculpture there is one of the most attractive features to be seen anywhere. One evening the association was given an elegant banquet at the Rossin house which was presided over by the lieutenant general of the Province of Ontario. On the whole, I think the meeting was a decided success, and I hope you will all have an opportunity of reading the papers. Most of the gentlemen here are reading men and take either the "*Journal of Insanity*" or the "*Alienist and Neurologist*" and together they will present most of the papers. A. E. Mc Donald, Prof. Gray and myself were appointed delegates to attend the International Congress in August next. The death of Dr. Isaac Ray deeply affected the members and Dr. Kirkbride was appointed to prepare a memorial of this disguished brother and author—many other matters of interest will appear in the published proceedings.

Dr. Hughes then made the following remarks from his notebook on

The Nervous System in Disease and the Progress of Neurology.

It needs no prophet to foresee that the neural pathology is destined to reign in medical thought and supplement, where it does not supplant the vascular, in explanation of the phenomena of disease. The theme is too vast and our space too limited to even indicate, without specification, the achievements of the recent past, and present the possibilities of the not remote future in this direction.

Witness, however, in confirmation, the remarkable deference now paid to the views of neural pathologists and psychiatrists of note, especially abroad and the credulous consideration given to once ignored subjects, such as the transference of sensation, metal

loscopy and metallotherapy, trance therapeutics, etc., which have immortalized the once rejected and contemptuously-received names of Braid and Burq, and even of the not over professional Mesmer, and turned professional attention to those *auto-amnesic* and *deuto-physic* states which are variously designated by the names of double consciousness, somnambulism, artificial insanity, trance, hypnotism, Braidism, Mesmerism, etc. From having been regarded by reputable physicians as a sort of *noli me tangere*, to be touched only by jugglers, quacks and mountebanks, and looked upon as "monsters of such frightful mien as to be hated, needs but to be seen," the promulgators of these doctrines have been successively "endured, then pitied, then embraced," until professional faith, once so incredulous as to believe nothing, has become possibly more credulous than the precise boundaries of actual discovery in psychiatry and neurology yet warrent. An exalted, and perhaps exaggerated faith, born of the plausible possibilities of neuro-physic function foreshadowed in the known physiology and pathology of the nervous system and mind have taken possession of many medical minds, and eyes and ears once closed are open to the seemingly most remarkable and incredible phenomena, with *cortices cerebri* receptive enough to evolve the truth from them.

All this has grown out of the possibilities revealed in the progress of neurological research.

It would be interesting to search the records of practical and theoretical medicine, and set down in chronological order the invasions of the new and the abandonment of the old pathology in numberless diseases which might be specified, but to do this a treatise would have to be written, and will yet be produced-though living medicine has now but little time for funeral cere, monies over moribund ideas, and is disposed to let "the dead past bury its dead."

Note, however, in illustration, the progress toward its recognition as a neurosal disease of exophthalmic goitre from the time Flagani, an Italian physician, in 1802, first described it, up through the description of Parry in 1825, Graves in 1835, and Basedow in 1840, to its present recognition by all writers on disease of the nervous system down to Allen Mc Lane Hamilton, one of the latest and best of American medical authors.

Every day the blood pathologists yield some of their territory, until finally the whole vast field will be ours.

Omitting all mention of those numerous and hitherto unrecognized neurosal affections which were not known under any name until neurology brought them forth and christened them: we may cite further, that familiar disease, rheumatism, with its well known metastatic freaks, like those of erysipelas and the exanthemata, as well as its frequent association with chorea, which, if not due, as Latham has conjectured, to a weakening of the "chemical inhibitory center," is, in our opinion, destined soon to have its proper place assigned it by common medical consent, among the *neurosanguin diseases*, along with its twin morbid sister, gout, which as Dyce Duckworth has recently, shown is an equally neuro-pathic disorder. Both gout and rheumatism, in our opinion are tropho-neuroses. Their interchangeability in families with other neurotic diatheses goes far to prove this, independently of other proofs. Ziemssen identifies chorea and rheumatism as the same affection under two different forms, having their origin in the basal-cerebral ganglia, and notes the fact that that certain morbid changes in the spinal cord and nerves give rise to arthritic inflammation in chorea not distingnishable from the joint affections of rheumatism.

It is just as well for us to state it here as anywhere, what we have long regarded as an irrefutable truth in pathology, viz: That *all the hereditarily transmissible diathetic conditions*, whatever may be the cachæmic states and mal-atrophic products by which they are commonly recognized, *are neuropathic tropho* or *vaso-motor neuroses.*

We do not even except the hemorrhagic diathesis or hemorrhagic purpura. The lesions of the vascular coats being in these diseases inconstant and insufficient alone to explain all of the morbid phenomena. Nor need we exclude Bright's disease, or phthisis, the former of which has recently been assigned to its proper ganglionic abode in the renal plexus by Da Costa and Longstreth, and the latter long ago noted by Dr. Shroeder Van der Kolk, as one of the most interchangeable of diseases with insanity, a fact some years ago reiterated by Dr. Outten of this city, and subsequently by Dr. Angear, of Iowa. In phthisis, cancer and diabetes, the nervous system is more at fault than the organ or location that reveals these diseases to our eye.

Their long latency and ataxic transmissibility under certain favorable influences, conservative of health, are only satisfactori'y explainable upon this hypothesis.

And so it is with a vast chain of diseases, not yet by general consent of the profession, relegated to the domain of neuro-pathology. The record of the acknowledged vaso-motor or trophic nerve disorders, connected, and probably primarily so, with the various skin affections, would make no insignificient list even were the record to embrace only such as Tilbury Fox and other eminent dermatologists now recognize as of neurosal origin. The list would assuredly not be confined to erysipelas, herpes zoster, pompholyx and urticaria, even though we excluded pruritus, the hyperæsthesias, analgesias and anæsthesias.

Passing over the novel view of Caron (1811), recently reiterated by J. L. Milton, but never favorably received by the profession that "the venereal principle is a movement impressed and not an observable body," it is, nevertheless, interesting to recall recent comfirmatory experience in connection with the statements of Fournier and others, that many of the gravest cerebro-spinal lesions resulting from the virus of syphilis are often antedated by an imperceptible or scarcely noticeable primary lesion of the skin. The venereal principle is really obvious, but its presence is only revealed like that of other diseases when the movement through the agency of the nervous and vascular system takes place.

The lesions in cholera that kills is undoubtedly neurosal, whatever may be the initial atmospheric *materies morbi* causing it, and it cannot be plausibly gainsaid that the initial lesion is not more signifiaantly in the nervous system than elsewhere, as Jewell and others have intimated, just as the real disease of sunstroke is a paralysis of the sweat centers whatever may be the result and accompanying changes in the blood.

The general non-recurrence of the zymotic exanthemata and the immunity that results from acclimatization in regard to certain diseases suggests a neurosal impression which diminishes subsequent impressibility.

The period of incubation in the specific contagious diseases is the length of time the poison takes, not to be absorbed, but to so modify the normal activities in the nervous and dependent vascular and glandular system as to give the expression of disease. Rabies and tetanus, and the phenomenon of latency are not exceptions to this proposition.

These are not views discerned only through special lenses, but in the main they are now perceived by the general pro-

fession, so that a century of observation confirms the conclusion of Cullen, that "from all we can discern of the movement of disease going on in the body they are so dependent of the nervous system as, in a manner to entitle them to be called nervous," and calls to mind the later utterance of Claude Bernard from a physiological standpoint that "the nervous system governs all of the chemical processes of the organization."

DISCUSSION.

Dr. Prewitt.—I only want to say a few words. The doctor may have stated some great truths but it seems to me it is at the same time an illustration of the extremes to which specialists are liable to run in every thing. Now the doctor talks as if he thought the profession was disposed to ignore the nervous system. We all admit we have a nervous system; we all admit that the nervous system is impressed with disease, but I don't admit the views which he has set forth. He would rather seem to imply, although he doesn't state it, that the nervous system is the centre from which proceeds all disease. I don't mean to say that he stated that, but it seems to be the drift of his argument. Why he talks of smallpox being a neurosis! Well I don't know, perhaps he didn't say that exactly; but he speaks of the connection of the nervous system with smallpox—undoubtedly smallpox impresses the nervous system, but it is due to the poison that is taken into the system? What reason have we to believe that it would not impress the system at large if the person had no nervous system. What reason have we to believe that the blood and other tissues would not be affected as much as the nervous system? The nervous system is affected by the poison; no doubt there are certain nervous phenomena—nervous disturbances developed by reason of the disease going on in the tissues. What is the use of a nervous system if it doesn't respond to changes taking place, local or general for that matter? But the eruption on the skin is certainly not due to the nervous system. Now as the doctor proposes to pursue his subject further, I hope he will make this plain and show just exactly what he considers these cases. Rheumatism he regards as a neurosis; well it seems to me it is pretty well established that it is the result of some poison in the blood. I think that is pretty well established as a result of therapeutics. I hope the doctor will make this subject clearer when he continues his paper.

ARTICLE XLIX.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[Continued.]

AFTERNOON SESSION.

ABNORMAL THERMAL CONDITIONS IN DISEASE AND THE MEANS OF CONTROLLING THEM. By DR. J. H. HOLLISTER of Chicago.

It is a matter of great surprise that scientists were so long in ignorance of the properties of heat and the laws governing it. Great difficulties were encountered on every hand as long as heat was regarded as a substance. One of our cardinal teachings was to regard calorie as an imponderable substance. When we noted the red blood corpuscles as carriers of oxygen, we thought we knew all about animal heat. By what means the material view was overthrown, it is not my province here to discuss.

When the dynamic theory was accepted we began to find a ready explanation for a great many things hitherto unknown, which has puzzled the wisest head. In no department did it render such essential service as in regard to the production of heat in the animal economy.

I propose to discuss the subject as follows:

1. How heat is produced.
2. The conservation of heat.
3. The conditions in which extreme temperatures are developed.
4. The results or effects of extreme thermal conditions upon the animal economy.
5. The means of preventing or controlling excessive temperatures.

1. As a result of the changes always going on, in the animal ecomy, heat is developed to provide against loss by oxyda-

tion. The oxydation of carbonaceous compounds was, for a long time, considered as the source of heat. But it is not the only source. Of the oxygen taken in the system, only 84 per cent is is used in carbon combustion. As early as 1780, Lavoisier and in 1785 Laplace said that the heat in the body was the result of the combustion of hydrogen as well as carbon and water was the result. More water was excreted than received. In an experiment 1500 lbs were received and 1900 lbs, or one-fourth more, excreted. The excessive amount was, no doubt, of intrinsic generation. It is probable that this oxydation of hydrogen plays an important part.

The more we look at the vital activity also concerned in this development of heat, none is more important than cell assimilation. Every molecular change produces heat. The force power of food is not wholly used up to produce heat. A residue remains for secretion, which is most active in special secretions —another source of heat. By whatever means molecular changes are multiplied, heat is increased and *vice versa*.

2. Much has been written upon the conservation of heat. This involves, not only the generation of heat, but that of its conservation, as well. I know of no more beautiful expression of divine design, than the simple fact that man in health generates more heat in a given time whilst digesting a hearty meal than the sick man does during a fever. It is evident that the height of temperature does not depend so much upon heat formation as upon heat retention. The fall of an apple before the eye of Newton was not more accidental than the observation of a temperature of 111° F. by Brodie, in a case of injury to the spinal cord. That wonderful mind pondered on that fact. He thought and worked out a series of experiments and found that by sections of the spinal cord we could elevate the temperature. Then followed in close succession the brilliant experiments of Claude Bernard, Schiff, Rosenthal, Perinaud, Vulpian and this month H. C. Wood's work on "Fevers" has come from the press.

The labors of these men and of others were a step in the right direction and demonstrated that the temperature of a part was connected with its circulation. The calibre of vessels was regulated by the muscular coats, themselves subject to nerves. The

vaso-motor nerves, modifying the delivery of blood to the capillaries, have a distinct bearing upon the dissipation of heat.

It is readily admitted that there is a vaso-motor constrictor power; but whether a similar dilating power is present or not or whether it is the result of blood pressure upon the walls, rendered passive by inhibitory power, is not yet determined.

It is a known fact that when certain nerves are stimulated extreme dilatation of the vessels occurs, and when cut the vessels do not enlarge which would seem to point to a special power to produce dilatation. Stimulation of the nervi erigenti in the dog, does not produce erection, but stimulation of the vessels will. Section of either or both sets of nerves of the submaxillary glands produces no marked effects upon the secretion, but if the nerves of the corda tympani be irritated there are marked results. It seems more than probable, then, that there exists a muscular and nervous system by which dilatation of vessels is accomplished.

Vessels have a tonus derived from local nervous influence. This power of constriction may be effected by central stimulation. Along the spinal cord are the centres of reflex sensation by which motor impulses arise and these determine the volume of circulation of the parts. There is a most intimate relation between the parts of the territory by small stimulation; and with all by great stimulation. The primal centre of the vaso-motor system is situated in the medulla oblongata above the calamus scriptorius. It is asserted also that in the pons exists an inhibitory heat centre is dependant on the one above. In this connection, it may not be out of place to mention the fact that the sudorific glands are the objects of particular stimulation. They have a special stimulation, through special nerves which may become independant, as shown in the pallor and want of blood during increased secretion of the part, induced by the administration of pilocarpine. I am led to infer from this that medicines act as refrigerants, rather in this way.

By whatever means we increase the peripheral amount of blood, we decrease the general temperature.

3. Elevation of temperature is rapidly accomplished by the act of digestion; during rapid structural lesions; by toxic influences, such as those preventing a free circulation of the blood;

and by an elevation of the temperature of the surrounding atmosphere, over that of the body.

4. The results of high temperatures on the economy are points to be feared. The effect is general bodily lassitude, increased susceptibility to fatigue, impaired appetite, disturbed secretions—especially in the cases of children of the second year: a temperature of 90° F. in the day and 70°, at night, being productive of summer complaint. Something allied to paresis of the vaso-motor system and consequent stasis may occur. The vascular tonus and blood circulation are diminished. The tonus may be lost entirely and tissue destruction becomes general.

A temperature over 102° F. engorges the lungs and renders them condensed, œdematous and fragile. Changes occur in the alveoli, the cells are easily detached, the "cloudy swelling" of Virchow being present, and the pulmonary tissue looking as if inflamed. A fatty or albuminoid degeneration or necrosis rapidly supervenes.

The heart fibres are softened, flattened, granular; they have no color and there is a fatty infiltration—degeneration.

The liver is more liable to be deranged. It is usually large and friable and, as the degeneration develops, the cells become swollen, granular and appear undergoing fatty changes. There is a class of diseases having this form of change for an origin.

In the kidneys, the cortex is the first to suffer and early shows signs. The epithelial structure of the tubules is affected in a manner similar to that observed in tubal nephritis.

The blood is markedly dyscrasic; the corpuscles disintegrate and the hæmatine discolors the tissues and renders the serum reddish.

The changes mentioned may be found in insolation, typhoid and relapsing fevers, exanthemata, septic fevers, erysipelas, traumatic fevers, rheumatism. In these all warrantable means, to control the temperature, should be resorted to.

5. There are two means of controlling high temperatures:

a. By lessening the degeneration of heat.

b. By facilitating its dissipation.

a. This may be accomplished by absolutely withdrawing—as far as compatible with the state of the patient—food and stim-

ulants and administering heat sedatives; but obedient to the indications of nature we seek to accomplish more by

b. Rapidly lowering the temperature of the surface of the body. The effects of cold are easily seen in the first stage of insolation. In the work on "Fevers" by Dr. H. C. Wood, a case, in point, is referred to:

A Scotchman whose pulse was rapid, respiration disturbed etc., death being imminent. He was placed in a full bath of ice-water and ice piled on him. After five minutes his temperature was 105.°5 F.; in fifteen minutes, 104°, consciousness began to reappear. In a half hour he was entirely conscious and the thermometer marked 102°.

Cold applications are beneficial in typhus, typhoid, scarlatina, etc. These applications are in the form of cold baths, packing, sponging, etc. Hegenbach's cold bath has a temperature of 70° to 80° F., cold water being applied to the head. Ziemssen advocates a bath of 95° reduced in 20 to 30 minutes to 60°. In a single bath the temperature of the body is thus reduced 4° to 10°. Four to six baths are necessary to control the heat. The Germans have had marked success in the treatment of typhus and typhoid fever, by a judicious use of cold water. In the exanthemata it must be used most carefully; frequent sponging of the skin, repeated as often as required, and ice-cold drinks, internally.

What remedial agents can be employed to control and reduce the temperature? They are chiefly cardiac sedatives, those increasing the circulation, stimulating the perspiration and blood-letting. Irritation of the pneumogastic inhibits the heart's action and it is probable that heart sedatives act in this manner. There is no doubt of the sedative action of tartar emetic; it is a powerful remedy and must be used judiciously. Veratrum viride reduces pulsations from 70 to 35 in a few minutes independantly of the vagus. Hydrate of chloral, nitrate of amyl, aconite and quinine are other heart sedatives; but I must bring this paper to a close by reminding you of the importance of a knowledge of thermal conditions in patients during the progress of disease and of the necessity of being thoroughly posted on the means of controlling them.

Intra-Capsular Fractures. By Dr. T. J. Maxwell of Henderson.

The treatment of intra-capsular fractures has enjoyed the attention of the best minds, in this country. In this paper I intend to summarize the teachings of modern surgery and suggest some additions to the treatment.

Intra-capsular fractures are those involving the neck of the femur, entirely inside of the capsule of the joint. They are peculiar to advanced age and to females. They are remarkable on account of the trifling amount of force necessary to produce the ', and for the extreme difficulty in obtaining union by bone. As age advances remarkable changes take place in the shape and size of the neck of the femur. It joins the shaft more nearly at a right angle, diminishes in size and becomes more fragile. The possibility of bony union in these fractures has been discussed with no little warmth. Astley Coopers's and Frank Hamilton's researches show that, though possible in some instances, it is so rare as not to invalidate the truth of the assertion that there generally is non-union. Union does not take place for the reason,

1. There is a deficient vascularity in the bones due to their relative positions and deficiency of the artery passing through the ligamentum teres.

2. Whatever reparative material is developed has no local permanence, there being no support or nidus for it.

3. This material becomes so diluted with increased secretion of synovial fluid, as to be incapable of making any progress.

4. Imperfect coaptation and the impossibility of keeping the parts quiet.

These causes combined with the action of the powerful muscles at the site of fracture, constitute the chief reasons for non-union.

The treatment has been the subject of difference of opinion. Erichsen advocates a similar plan to Agnew's. The failure on the part of surgery to have means to coaptate the ends of the fractured bones is enough to account for the failure of many fractures to unite. If surgery proposed no better methods of treating fractures of long b nes than those for intra-capsular frac-

tures, there would be, no doubt, as much non-union in these and it would be said that the bones are degenerated, etc. Is there not too great a tendency to saying such things instead of trying to put the bones in good coaptation? Extension must always be used in the direction opposite to the displacing force.

All the forces act on the lower fragment and the tendencies to displacement are upward and inward. The muscles are strong and numerous and tend to draw the femur upward, shortening the limb and turning the thigh outward and, through the trochanter, behind the acetabulum. There is eversion of the foot and crepitation can be distinguished when extension is made. The teachings of modern surgery, that extension be used, is not sufficient.

The following plan, which I offer, is rational and has been successful in two cases in my practice.

Apply extension in two directions in opposition to two forces, longitudinally and laterally. Put adhesive strips along the leg and foot to hold a cord passing over pulley and attached to weight. Lateral extension is made by a five inch muslin band around the body. A splint is applied to the inner aspect of the thigh. A pulley is placed opposite the crest of the ilium and four inches above it. Counter-extension is made is made by the body; the bed is elevated at the foot, one foot on the fractured side and eight inches on the other. The head post on the injured side is elevated four and a quarter inches. By this method the fragments are brought as nearly correctly into apposition as is possible. The inner surface of the capsular ligament is rendered tense and applies itself to the sides of the neck and holds it.

It takes 14lbs to accomplish extension, and for lateral extension 8 to 9lbs. When the irritation of muscles has subsided the weights may be diminished to 1½lbs or less.

The advantages of this method are; that it allows of the use of a bed pan; the danger from bed-sores is *nil*; the pain in the hip subsides soon, in a few days.

CASE. I.—Mrs. G., æt 52, was injured in the right hip Jan. 14, 1871, there being an intra-capsular fracture. It was first, dressed by simple longitudinal extension. These dressings were changed to those described, in ten days. Callous could be felt at the end of seven weeks. I saw her a few days since and she

says that the fractured limb is much better than the other; and she can attend to her duties very well.

Case. II.—Mr. R. P. æt 72, Jan. 29, 1881, fell striking his right hip. On examination, found the neck of the femur broken. He was kept in bed seven weeks. After the lapse of the first five weeks all the dressings were removed, union having taken place. The soreness passed away in one week. He took but two powders of morphine, and suffered scarcely any pain during the whole course of the treatment. To day he walks well without a crutch or cane. I am satisfied too, that this could not have been accomplished without lateral extension.

The Present Status of Specialism in the United States. By Dr. A. Reeves Jackson, of Chicago.

Specialism in medicine is not a new thing. It existed in the earliest ages of medical skill. It dates back from ancient Greece and Egypt. Every Egyptian was obliged to pursue the occupation of his father and all the sons of physicians had to become physicians and so cities became oversupplied. To make room each physician gave opinions in regard to special regions or organs of the body, so that there were doctors for the liver, the skin, the head, etc., and even for the toe-nails.

History has repeated itself. The same state of affairs exists but not to the same degree although it is on the increase so that the old-time influence of the family doctor is passing away.

What are the causes of specialism?

The most prominent are:

The multiplicity of professorships in Medical colleges, and deficiency of medical education.

There was a time when the number of teachers in a college was not more than three or four and never greater than seven. Now, there are some where the number reaches thirty or forty. These teachers from being compelled to give more attention to a certain branch become more expert in it and tend to become specialists. This also tends to have the several departments of medicine taught better. The colleges aid in fostering specialism in another manner; by conferring diplomas on many, glaringly deficient in medical education. Of what real value are facts until he, who gains them, can make use of them? What man can become an artisan without practice in his art? How

much actual practical knowledge is a student forced to have? How many, before graduation, have attended or were required to attend a case of labor, or to use an obstetrical instrument, or a catheter, or ligate an artery? If he did learn it at college it was as an "extra", at an extra fee. He could obtain a diploma without that and generally did so.

The result of this deficiency is that young practitioners find themselves adrift, at sea, strike a rock and find the wrong that has been done to them. A thousand conditions meet them that seem and are new. In summoning a consultation he assumes the only proper course made necessary by his lack of skill. It is impracticable to perfect oneself in all the departments of medicine and hence so try to become better in some particular one. Some trust to luck and never advance. They know that nineteen out of twenty of all the sick get well under any treatment.

The college faculties know this and some have attempted to remedy this—for a consideration. They have established a post-graduate course or school of practice. What do they do? The instructions in special branches are but a repetition of the old story and the opportunity is not given of the necessary personal practice. Theory without practice or precept without example does not constitute education. The schools, I charge, do not honestly provide what their students most need: clinical experience. We know that it is the base of medical knowledge. Of what use was the discovery of chloroform by Guthrie, as long as it was packed away? It only did good after Simpson brought it into use. The ultimate facts of anatomy, physiology and chemistry are not made known but merely sketches are given.

Is specialism necessary? The answer is unqualifiedly, yes. It is necessary to meet the growing demand of the profession and community for special medical and surgical skill. The demand being admitted, it must be supplied. Were it not for specialists, medicine would never have gone forward. Every successful man in science or out of it, has been a specialist. All efforts to be successful must be concentrated. Specialism is more than necessary, it is indispensable. This opinion does not accord with that of a great number of the profession. They say that the views of specialistsare narrow and illiberal and that they magnify local ailments, neglect general treat-

ment and that men of one idea are formed by specialism. But these are not true and valid arguments. There are men, certainly, who make a profession of special skill in general and in particular and who are incapable of appreciating the interdependance of all the organs. Such persons are specialists, but charlatans even though in the pale of the profession. Another class is the young men who begin by proclaiming themselves specialists. Such youthful pretenders are incapable of redeeming any promises their attitude implies. Any step forward must be taken from advances already made. It is safe to say that any general practitioner has more knowledge in special branches, and in general, than these precocious pseudo-specialists.

These are the throat-doctors who treat aphonia from aneurism of the aorta; the nerve-doctors who treat softening of the brain when it is Bright's disease; the eye-doctors who cure cataract by lotions; the womb-doctors who treat uterine hyperæmia with local applications.

The true specialist and the only one deserving of the name is the one having a knowledge of all and who feels himself impelled by aptitude to a certain branch. He must have had enoughgeneral practice to have learnt the entire inter-dependence of all the parts of the body.

There is a class of men, not so numerous as formerly, who still attempt to throw discredit upon the gynecologist, although admitting other specialties. Some are honest and believe their own words. They are simply ignorant and do not wish to learn. Others are dishonest and when they bray we know what is under the lion's skin. There is no branch of medicine more exposed to contumely, ridicule, etc., than gynecology, and that even at the hands of respectable physicians.

There are men who treat back-aches, head-aches, etc., for years without knowing that they are caused by wombs in a disturbed condition. These are the men who would put a blister to the top of the head to raise a falling womb.

I admit that there are incompetent practitioners of gynecology, who find uterine disease in every woman and armed with a speculum and luar caustic leave their scars behind. But most important advances have been made in gynecology.

In view of the fact, that specialists have given all these important discoveries to the world at large, recognition is due to

them. Who would not seek the aid of the dermatologist for a disease of the skin; of the oculist for cataract? And who would not do this much for any confiding patient, when any special skill is necessary? The specialist ought to be welcomed. The practitioner is afraid that the specialist will absorb the fee he would otherwise get. This feeling is based on a misconception of facts. The specialist must draw from distant regions, beyond his own immediate neighborhood. He diminishes the general competition. If on no other ground, the specialist ought to be hailed and supported by the general practitioner. Meanwhile, the march of specialism is onward.

RŒTHELN. By CHAS. WARRINGTON EARLE of Chicago.

The author began by giving the characteristics of the disease. In Chicago, there was an epidemic during February, March, and April. I had forty cases in my private practice.

CASE I.—Georgie Day, aged 10, had measles in infancy, no scarlatina and is vaccinated. Without any premonitory symptoms had a redness on the chest in weals similar to urticaria. The throat was not sore; the face was swollen a week. The acute eruption faded in 36 hours; but the skin remained mottled for ten days. There was slight fever, but no bronchitis. Twenty-one days after the eruption, his sisters were covered, in a few hours with an eruption and at its height the temperature was normal.

CASE II.—A gentleman became suddenly sick. Had pain in the bones and sense of heat in the nose and eyes. In a few hours, he had an eruption covering the whole body. Seventeen days, after, a patient of mine residing in the same house, was taken sick. He was free from bronchitis and had no premonitory symptoms except languor, sneezing, etc. In the space of a few hours he was covered with an eruption.

Rœtheln occupies the relation to measles that varicella does to variola. It is liable to be confounded with urticaria, roseola erythema, measles, etc. The absence of sore throat, of sequelæ and of fever together with the papular eruption, the coryza and photophobia may serve to aid in differentiating from other diseases.

The period of incubation is from 17 to 21 days. Sometimes

there is erythema present but it dissappears rapidly; and is generally confined to a small area, as the forehead or cheek.

Roseola more than any other affection will give trouble.

German measles is markedly contagious, Roseola is not, there are no symptoms affecting the eyes or nose. It is characterized by fever, restlessness and smooth rose-colored spots.

The salient point of German measeles are:

It is a mild exanthem with no prodromal period. There is no bronchitis; the eruption is papular and the pulse is nearly normal with hardly any or no rise in the temperature. It was probably the disease described in 1492.

It has been denominated by various names. Some believe it to be an independant disease and others that it is a mild form of measles or scarlatina.

Rœtheln is called German measles and could with equal propriety be called French or English. It is neither false, nor spurious nor bastard measles. It is a specific exanthem and not a mixture or modification of measles or scarlatina. It is not roseola or urticaria nor is it a second attack of either measles or scarlatina. Its etiology shows it to be contagious and epidemic and its relation to miasms is positive. Its period of incubation is from two and one-third to three weeks. In my experience it is 17 days. More adults have been affected in our epidemic. Emminghaus speaks of 6 adults in 130 cases; Smith 6 in 54 and 23 between five and ten. Infancy seems to be almost exempt; one quarter of the cases I observed were over 15 years of age.

The rich and poor seem alike liable to this disease.

In children no prodromal period has been observed; in adults it is often present and consists of languor, chilliness, pains in the muscles, surface of the body flushed and a dizzy sensation sometimes. In children, the first thing noticed will be the eruption. The pharynx is sometimes red, not intensely so, and sometimes not diffused. I have never seen a white patch on the mucous membrane of the mouth or pharynx. The exanthem may be preceded by an erythema. I have noticed the eruption at first on the neck or chest and thence it spreads to other parts of the body. The spots have no tendency to appear in concentric rings.

In the majority of cases the temperature is normal. In a few cases of adults, it is increased.

The pulse is accelerated to a very slight degree being 70 to 85 at the height of the eruption.

Complications are pneumonia which has taken place in four cases; aphthæ or thrush or some other form of stomatitis has followed in some cases. Very slight rheumatism followed in a few cases. Dr. Smith of New York, believes diphtheria is liable to follow. There is a decided tendency to urticaria and in one or two cases, pemphigus has been noticed, but it only remained a few hours. Slight malarial trouble frequently complicates this affection.

Desquamation has been obseaved by me as a slight furfuraceous detachment, especially about the nose, in a few cases. The remarks of Drs. Smith and Vogel that desquamation is uncommon and very light agree with my observations. The exanthem usually disappears without any desquamation.

A German author says no case is on record of its occurring twice, but relapses make take place in for a few days to two weeks. I had two relapses at the end of the third day and one at the end of the twenty-first day this latter being attended with considerable abdominal pain.

Diagnosis is the most important question in regard to the whole subject. The disease is liable to be confounded with variola, varioloid, scarlatina, measles, erythema, urticaria, rubeola and roseola. The absence of severe head and back-ache, and the rapid disappearance in a few hours, of the eruption dispel any doubts in regard to it. The absence of fever, sore throat, bronchitis, etc., will readily enable a differential diagnosis to be made.

Rœtheln is a specific acute exanthem, characterized usually by slight coryza and suffusion of the eyes, followed by an eruption and enlargement of the cervical glands. The treatment must be based on general principles, and the disease itself tends to rapid recovery.

ARTICLE L.

INTERNATIONAL MEDICAL CONGESS.

SEVENTH SESSION HELD IN LONDON. AUG. 2 TO AUG. 9, 1881.

The Congress was inaugurated in St. James' Hall nearly three thousand members being present. After the arrival of the Prince of Wales, Sir W. Jenner made an address.

He was followed by Mr. MacCormac, the Secretary General who read a report. The Election of officers then took place Sir James Paget being elected President of the Congress. Upon his installation the Prince of Wales formally opened the Congress. The Opening Address was then delivered by Sir James Paget. In the Afternoon Session Prof. Virchow made an address on The Value of Experimental Pathology. The following are the addresses made in General Session :

Scepticism in Medicine. By Maurice Raynaud, deceased, read by Dr. Féréol, Paris.

Address on Medical Literature. By Jno. S. Billings, U. S. A.

The Germ Theory. By Prof. Pasteur, Paris.

The Connection of the Biological Sciences with Medicine. By Prof. T. H. Huxley.

After the reading of this paper various matters were taken up. Vivisection was endorsed; medals of honor were distributed. No place or date of meeting has been decided upon, this being left to the Executive Committee.

In the Various Sections addresses were made by the chairmen.

Anatomy.—The Museum of the Royal College of Surgeons England. By Prof. W. H. Flower.

Physiology.—The Work done for Physiology by Englishmen. By Prof. Michael J. Foster.

Pathology.—Pathology in its Relations to Disease, Decay and Death. By Samuel Wilks.

Medicine.—The Advances in Medicine. By Sir Wm. Gull.

Throat Diseases.—Address. By G. Johnson.

Surgery.—The Subjects for Discussion. By J. Erich Erichsen.

Obstetrics.—Review of Prominent Obstetricians of London. By Alfred H. McClintock.

Diseases of Children.—Progress in the Study of Infantile Diseases. By Charles West.

Mental Diseases.—The cure and Treatment of the Insane in England. By C. Lockhart Robertson.

Ophthalmology.—General Address. By W. Bowman.

Otology.—The Value of Operations in which the Tympanic Membrane is Incised. By W. B. Dalby.

Dermatology.—Address on Dermatology. By Erasmus Wilson.

Diseases of the Teeth.—Address. By Edwin Saunders.

State Medicine.—Meaning and Scientific Value of State Medicine. By John Simon.

Military Surgery and Medicine.—Address. By Prof. Thos. Langmore.

Materia Medica and Pharmacology.—Address. By Prof. T. R. Fraser.

The following is a list of the papers which were to be read in the various sections and with the exception of a few they were all presented:

SECTION I.—Anatomy.

1. On the Primordial Cartilage of the Human Skull. By Prof. Hannover, Copenhagen.
2. On the Firm Connection of the Embryo to the Chorion. By Prof. W. His, Leipzig.
3. On the Processus Supracondyloideus Humeri of Man. By John Struthers, Aberdeen.
4. On the Motor Portion of the Trigeminal Nerve. By F. Faesebeck, Brunswick.

5. On the Deep Origin of some of the Cranial Nerves. By Giambattista Laura, Turin.

6. Researches on the Minute Structure of the Spinal Cord. Ibid.

7. The Relation of Nerve-Supply to Muscle-Homology. By E. J. Cunningham, Edinburgh.

8. On the Elevation of the Insensitive Epiglottis by Position. By Benjamin Howard, New York.

9. On the Causes which Determine the Form of the Bones. By D. Lesshaft, St. Petersburg.

10. On the Situation of the Stomach, and the Relation which Exists between its Form and its Functions. Ibid.

11. The Subcutaneous Veins of the Trunk. By E. H. Fenwick, London.

12. The Cerebral Sinuses and their Variations. By J. F. Knott, Dublin.

13. Comparison of British and Continental Schools of Anatomy. By John Struthers, Aberdeen.

14. On the Use of the Model in Teaching Anatomy. By W. Keen, London.

15. The development of the Mammary Gland. By G. Rein, St. Petersburg.

16. Pelvimetry. By J. G. Garson, London.

17. On the Origin of Anencephaly and Spina Bifida in Birds and Man. By D. A. Lebedeff, St. Petersburgh.

18. On the Relations of the Nucleus Tæniæformis with the Olfactory Nerve. By Prof. F. Randacio.

Section II.—Physiology.

In this section only questions for discussion were to be presented to the members. A few papers were read but the time was chiefly occupied in discussing questions, proposed by the committee.

Section III.—Pathology and Morbid Anatomy.

1. The Relations of Minute Organisms to Certain Specific Diseases. By Prof. Klebs, Prague.

2. Aspects of the Blood-spirillium in Relapsing Fever. By H. Vandyke Carter, London.

3. Relations of Minute Organisms to Specific Diseases. By Prof. Fokker, Groningen.

4. Ulcerative or Infectious Endocarditis. By Wm. Osler, Montreal.

5. The Relations of Minute Organisms to Unhealthy Processes arising in Wounds. By Prof. Lister.

6. On the Modus Operandi of Pathogenic Germs in the Production of Disease in the Human Body. By Geo. Harley.

7. Disseminated Tuberculosis not originating in a Primary Source of Infection within the Body. By C. Creighton, Cambridge.

8. Tubercle: Its Histological Characters, and its Relation to the Inflammatory Process, as shown in "Tuberculosis" of the Lymphatic Glands. By Fred Treeves, London.

9. On the Histology of Bright's Disease. By Prof. Grainger Stewart, London.

10. The Histology of Granular Kidney. By Robt. Saunby Birmingham.

11. Relation of Renal Diseases to Disturbances of the General Circulation and to Alterations of the Heart and Blood-vessels. By Sir. Wm. Gull and H. G. Sutton.

12. On Infective Nephritis. By Prof. Bouchard, Paris.

13. On Some Points of the Pathological Histology of the Spinal Cord. By W. B. Kesteven, London.

14. Morbid Anatomy of the Brain and Spinal Cord. By G. Pierret, Lyons.

15. On Calcified Epithelioma of the Sebaceous Glands. By Albert Malherbe, Nantes.

16. Researches on the Origin of Cancer. Ibid.

17. Observations on the Pathology of Fibroid Degeneration of the Heart. By F. Charlwood Turner, London.

18. Illustrations of the Mode of Extension of the Lymphosarcoma and its analogy with the Organization of Thrombi, Blood clots etc. By Joseph Coats, Glasgow.

19. On Aneurism of the Larger Cerebral Arteries as a Frequent Cause of Cerebral Hemorrhage. Ibid.

20. A New Theory of Monsters. By Jules Guérin, Paris.

SECTION IV.—Medicine.

1. Localization of Disease in the Brain and Spinal Cord,

so far as Pathognomonic and Diagnostic. By C. E. Brown-Sequard, Paris.

2. Epileptiform Convulsions from Cerebral Diseases. By J. Hughlings Jackson.

3. On Graphic Representation of Tendon Reflexes. By Prof. Eulenberg, Greifswald.

4. On Percussion of the Skull in the Diagnosis of Disease of the Brain. By Alex. Robertson Glasgow.

5. Pathology of Basal Brain Tumor with Demonstration of a very Rare Case. By F. Müller, Graz.

6. Contribution towards Jackson's Epilepsy and Localization of the Arm-Centre with Demonstration of a case of Isolated, Circumscript Convex Lesion. Ibid.

7. On Certain little recognized Phases of Tabes Dorsalis (Locomotor Ataxy.) By Thos. Buzzard, London.

8. On the rôle of Syphilis as a cause of Locomotor Ataxy. By Prof. W. Erb, Leipzig.

9. Perforating Ulcer of the Foot as connected with Progressive Locomotor Ataxy. Prof. Ball, Paris and Dr. Thibierge.

10. The Inferior Cervical Ganglion considered as a correlating Nerve Centre: instances in which it determines the Localization of Morbid Phenomena, and the Evidence thereby afforded of the Existence in the Economy of Correlated Tissue Tracts. By Edw. Woakes, London.

11. On Addison's Disease. By Edward Headlam Greenhow, London.

12. On the Origin and Cure of Scrofulous Neck. By T. Clifford Allbutt.

13. Eczema and Albuminiria in Relation to Gout. By Alfred Baring Gould.

14. On Rheumatism, Gout and Rheumatic Gout. By Jonathan Hutchinson, London.

15. On the Diagnosis of that form of Renal Disease which is described by Klebs under the name of Glomerulo-nephritis. By Geo. Johnson, London.

16. Chronic Bright's Disease without Albuminuria. By F. A. Mahomed.

17. On Different Forms of Bright's Disease. By S. Rosenstein, Leyden.

18. What is the Clinical Value of the Examination of the

Urine in Bright's Disease? By Prof. Granger Stewart, Edinburgh.

19. The Analytical Study of Auscultation and Percussion, with Reference to the Distinctive Character of Pulmonary Signs. By Austin Flint, New York.

20. On the Value of Baccelli's Sign, "Pectoriloquie Aphonique" differential Diagnosis of Fluid Effusion into the Pleura. By R. Douglas Powell.

21. On Clinical Cardiography. By Prof. Adolph de L'Espine, Geneva.

22. Demonstrations of a Thermo Electric Apparatus designed for the Investigation of Local Morbid Temperature. By Paul Réclard, Paris.

23. Clinical Researches in Local Thermometry. Ibid.

24. On Two Preparations of Peptonized Food. By Wm. Roberts, Manchester.

25. The Treatment of Phthisis by Residence at High Altitudes. By C. Theo. Williams.

26. On Bacteria. By Wm. Roberts, Manchester.

27. On a method of Ascertaining the Activity of the Biliary Secretion in Different Morbid States of the Liver. By Prof. Lépine, Lyons.

28. Typhoid Fever considered as Fœcal Intoxication. By Jules Guérin, Paris.

29. Physiology and Pathology of the Stomach. By M. Leven, Paris.

30. An Inquiry into the Physiognomy of Phthisis by the Aid of Composite Portraiture. By Francis Galton and F. A. Mohamed.

31. General non specific Tuberculosis. By Jules Guérin, Paris.

32. Spasmodic Locomotor Ataxy. By Cesare Brunelli.

33. On the Influence of Rail-roads on the Nervous System of Travellers. By E. Tassi.

34. New Experimental Researches to demonstrate the Hematogenous Origin of Albuminuria in Bright's Disease. By Prof. Semmola, Naples.

35. On a New Type of Heart Disease. Ibid.

36. On the Comparative Value of the Therapeutic, Empiric and Rational Method. Ibid.

SUBSECTION IV.—Diseases of the Throat.

1. Local Treatment of Diphtheria. By Morell Mackenzie, London.
2. Ibid. By A. Tobold, Berlin.
3. Ibid. By Lennox Browne, London.
4. Pathology of Laryngeal Phthisis. By Prof. Krishaber, Paris.
5. Ibid. By M. J. Rossbach, Wurtzburg.
6. Laryngoscopic Signs in connection with Injuries or Diseases of the Motor Nerves of the Larynx. By Prof. C. Gerhardt, Wurtzburg.
7. Ibid. By Prof. G. M. Lefferts, New York.
8. Neurosis of Sensation of the Pharynx and Larynx. By Prof. J. Schnitzler, Vienna.
9. Ibid. By Prof. L. Elsberg, New York.
10. Indications for Extra- or Intra-Laryngoal Treatment of Growths in the Larynx. By Fauvel, Paris.
11. Ibid. By Prof. Burow, Königsberg.
12. Results of Mechanical Treatment of Laryngeal Stenosis. By Paul Koch, Luxenburg.
13. Ibid. By Hering, Warsaw.
14. Indications for the Complete or Partial Extirpation of the Larynx. By D. Foulis, Glasgow.
15. Ibid. By Philipp Schech, Munich.
16. Galvano-Caustic Method in Nose, Pharynx, and Larynx. By Prof. Voltolini, Breslau.
17. Ibid. By J. Solis Cohen, Philadelphia.
18. Ibid. By R. Cadier, Paris.
19. Ibid. By Lennox Browne, London.
20. Ibid. By David Foulis, Glasgow.
21. Ibid. By Victor Lange, Copenhagen.
22. Adenoid Vegetations in the Vault of the Pharynx. By W. Meyer, Copenhagen.
23. Ibid. By Löwenberg, Paris.
24. Ibid. By E. Woakes, London.
25. Ibid. By Guge, Amsterdam.
26. Nature and Treatment of Ozæna. By B. Fraenkel, Berlin.
27. Ibid. By E. Fournié, Paris.
28. Ibid. By Justi, Instein am Taunus.
29. Ibid. By H. Guinier, Cauterets.

30. On Chronic Discharge from the Nostril and Ozæma. By W. Spencer Watson, London.

31. On Syphilis of the Larynx. By D. G. Lewin, Berlin.

32. Case of Web in the Larynx, probably Congenital. By G. V. Poore, London.

33. On the Physiological Mucous Secretion in Larynx and Trachea, and Contributions to the Mode of Action of Expectorant and Astringent Remedies used in Catarrhal Processes of the Mucous Membranes. By M. J. Rossbach, Wurtzberg.

34. A Contribution to the Pathology of Catarrh. By Frank H. Bosworth, New York.

35. On Local Treatment of Whooping Cough. By Justi, Instein am Taunus.

36. Influence of Female Sexual Apparatus on the Vocal Organ and Formation of Voice. By L. Bayer, Brussels.

37. The Spray Producer; the best Means of Making Applications to the Superior Portion of the Respiratory Tract. By T. F. Rumbold, St. Louis.

38. On the Rôle of the free portion of the Epiglottis and of the Glasso-Epiglottic Folds. By H. Guinier, Canterets.

SECTION V.—Surgery.

1. Recent advances in the Surgical Treatment of Intra-Peritoneal Tumors. By Spencer Wells, London.

2. Recent Advances in Abdominal Surgery. By Lawson Tait, London.

3. Laparotomy and Cystorrhaphy in cases of Perforating Wounds of the Bladder. By E. Vincent, Lyons.

4. Modification of Dr. Péan's Operation for the removal of the Uterus. By De Zwaan, Hague.

5. Extirpation of the Kidneys. By Prof. Czerny, Heidelberg.

6. The Diseased Conditions of the Kidney which admit of Surgical Treatment. Illustrated by three Cases:—Nephrotomy, in which Nephrectomy was subsequently performed; Nephrotomy; and Renal Lithotomy. By W. Morrant Baker, London.

7. On Some Points connected with Operations on the Kidney. By Arthur E. Barker.

8. Nephrectomy for Nephrolithiasis. By R. Barwell.

9. A Successful Case of Nephrectomy. By R. Clement Lucas, London.

10. Recent Advances in Lithotrity. By Prof. Bigelow.

11. Recent Advances in the Methods of Extracting Stone from the Bladder. By Sir Henry Thompson, London.

12. On Some New Instruments for performing Supra-pubic Lithotomy, by means of the "Thermo-Cautery," and Observations on the Cases suited for this Operation. By Th. Anger.

13. Bigelow's Operation; the Conditions of Stone and of the Urinary Organs favoring its performance. By Reginald Harrison.

14. Perineal Calculi. By C Mazzoni, Rome.

15. The Causes of Failure in Obtaining Primary Union in Operation-Wounds, and on the Methods of Treatment best Calculated to Secure it. By Prof. Lister, London.

16. Ibid. By Sampson Gamgee, Birmingham.

17. Ibid. By G. M. Humphry, Cambridge.

18. Primary Union. By Verneuil, Paris.

19. The Forms of Aneurism in which Treatment by Esmarch's Elastic Bandage is applicable, and the Method by which a Cure is effected by its Action. By Walter Reid, British Navy.

20. Note on the Treatment of Aneurism by Esmarch's Elastic Bandage. By Edw. Bellamy, London.

21. The "Modus Operandi" of Esmarch's Elastic Bandage in the Treatment of Aneurism. By A. Pierce Gould, London.

22. On the Comparative Value of Early and Late Excisions in Different Forms of Articular Disease. By Ollier, Paris.

23. On the Results of the Treatment in Chronic Disease of the Knee Joint, including an Account of Fifty Resections of the Joint. By Prof. Kocher, Berne.

24. Suppuration within Right Knee Joint; co-existing Necrosis of Right Tibia: drainage of Kee Joint by Channels gouged out through head of Tibia from below. Bony anchylosis. Subsequent fracture through head of Tibia. Recovery. By W. Newman, London.

25. On the Relations between Adenoma, Sarcoma and Carcinoma of the Mammary Gland in the Female; their Diagnosis in the Earlier Stages of Disease, and the Results of their Treatment by Operation. By Samuel Gross, Philadelphia.

26. The Modifications of Syphilis in Tuberculous, Gouty, and other Constitutions. By Verneuil, Paris.

27. Notes of a case of Rupture of the Brachial Plexus and Right Subclavian Artery. By W. Mitchell Banks, London.

28. Apparatus for giving Anæsthetics with Precision. By J. T. Clover.

29. The Different Opinions on the Varieties of Chancre in London and at Paris. By C. H. Drysdale, London.

30. On Partial Excision of the Bladder. By Adolf Fisher, Buda-Pesth.

31. An Irrigator for the Urethra. Ibid.

32. Irrigator for the Nasal Cavities. Ibid.

33. On Fractures of the Lower Jaw. By Thos. Brian Gunning.

34. On the Pemanent Retention of an Œsophageal Bougie. By Krishaber, Paris.

35. On the Etiology of Congenital Club-foot. By Wm. J. Little, London.

36. The Treatment of Fractured Femur. By Rushton Parker, Liverpool.

37. Case of Gastrotomy performed for Stricture of the Œsophagus in a woman aged 66, who survived the Operation 18 months. By R. J. Pye-Smith, London.

38. A Ready and Convenient Antiseptic Dressing for Amputation or other Open Wounds in Field Hospitals. By S. Sherrel. Brooklyn.

39. On the Cure of Hernia, in relation to Parents and the Profession By W. D. Sparton.

40. Removal of the Entire Tongue with Scissors through the Mouth. By Walter Whitehead, Manchester.

41. The Radical Cure of Urethral Stricture by Dilating Urethotomy. F. N. Otis, New York.

42. The Cure of White Swelling by means of Electrolysis. By Prof. Agnello l' Ambrosio, Naples.

SECTION VI.—Obstetric Medicine and Surgery.

1. Antisepsis in Midwifery. By Prof. Spiegelberg, Breslau.

2. Puerperal Eclampsia. Its Causation. By Angus Macdonald.

3. Parallel between Embryotomy and Cæsarean Section. By G. Eustache, Lille.

4. Proposal for a Common Nomenclature in Obstetrics. By Prof. A. R. Simpson.

5. On the Surgical Treatment of Prolapse of the Uterus. By G. Eustache, Lille.

6. Oöphorectomy. By Robt. Battey, Rome Ga.

7. Ibid. By Thos. Savage, Birmingham.

8. The Exciting Cause of Attacks of Hysteria and Hystero-Epilepsy. By Graily Hewitt, London.

9. The Curability of Uterine Displacements. By Paul F. Mundé, New York.

10. On the Influence of Uterine Disorders in the Production of Numerous Sympathetic Disturbances of the General Health and Affections of Special Organs. By Arthur W. Edis.

11. On the Mechanical Treatment of some of the "Displacements" and "Diseases of the Uterus." By R. Beverly Cole, Cal.

12. Improvement in the Construction and Application of Uterine Repositors. By D. E. Verrier, Paris.

13. Total Extirpation of the Uterus. By Wm. Freund, Strasburg.

14. On Intra-uterine Medication, more especially by Mopping by means of the Graphidometre. By P. Ménière, Angers.

15. The Reparative Surgery of the Genital Tracts. By Mont. A Pallen, New York.

16. On Laceration of the Cervix Uteri. Its Causes and Treatment. By G. Henry Bennet, London.

17. Amputation of the Neck of the Uterus for Chronic Metritis. By A. Le Bond.

18. A New Hysterometer. By P. Ménière, Angers.

19. Improvements in the Construction and Application of the Forceps. By Tarnir Paris.

20. On the Curves of Midwifery Forceps. By Prof. I. Lazarewitch, Kharkoff, Russia.

21. Further Remarks on the Use of the Intermittent Contractions of the Pregnant Uterus as a Means of Diagnosis. By J. Braxton Hicks, London.

22. On a Peculiar Disposition of the Ova, in Twin Pregnancy. By P. Budin, Paris.

23. The Clinical Features, Anatomy and Uses of the Genu-Pectoral Posture. By David Berry Hart, Edinburgh.

24. On the Treatment of Puerperal Hemorrhage. By Barnes, London.

25. On the Prevention and Treatment of Post-Partum Hemorrhage. By Thos. More, Dublin.

26. On Trismus and Tetany of the Uterus in Labor. By Geo. Roper, London.

27. On the Passage of the Ovum from the Ovary into the Fallopian Tubes. By R. J. Kinkead, Galway.

28. Accouchments by Electricity. By Apostoli, London.

SECTION VII.—Diseases of Children.

1. Spine Deformity and Sayre's Method. By A. M. Da Cunha Bellem, Lisborn.

2. The Treatment of Spinal Curvature, with Special Reference to Sayre's Method. By C. H. Golding Bird, London.

3. On some of the Abuses of the Jacket Treatment of Spinal Disease. By Walter Pye, London.

4. On the Pathology and Treatment of Genu Valgum. By Henry F. Baker.

5. On the existence of two distinct forms of Eruptive Fever, usually included under the Head of Measles, and the Relation to them of so-called Rubeola or Rötheln. By W. B. Cheadle, London.

6. On the Real Position of Rötheln, Rubeola, or "German Measles." By Wm. Squire.

7. On Rötheln or German Measles. By M. Kassowitz, Vienna.

8. Contribution to the Study of Rötheln. By J. Lewis Smith, New York.

9. The Real Position of Rötheln or German Measles. By G. E. Shuttleworth, Lancaster.

10. On the Nature of the so-called Surgical Scarlet Fever. By Howard Marsh.

11. Hereditary Syphilis is the constant Cause of Rickets. By Prof. Parrot, Paris.

12. Notes on the Pathology of Rickets. By Adolph Baginsky, Berlin.

13. Syphilis and Rickets. By M. Kassowitz, Vienna.

14. On Syphilis as a Cause of Rickets and Malformation of the Teeth. By M. Bouchut, Paris.

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Periscope.

ARTICLE LI.

REMOVAL OF MEMBRANA TYMPANI.—Dr. Adams, Prof. of Otology, in the Medical Department of Denver University, in an article in the *Rocky Mountain Medical Review*, urges the desirability of cutting out more or less of the drum membrane in cases of closure of the Eustachian tubes, dry catarrh of the middle ear, tinnitus aurium, etc. Through this opening, inspissated mucus can be removed, medicinal applications made, or bougies passed.

He usually dissects out two triangular segments: one above and one below. Sometimes he removes the entire membrane, except a peripheral ring and an oblique strip running from above downward and backward, which includes the manubrium of the malleus. The openings are kept patent by means of pledgets of absorbent cotton retained in them, cotton being introduced also into the canal to keep out dust. As soon as treatment is suspended, the membrane rapidly reproduces itself and the openings close.

We have space for a report of one case as given by him:—

J. S., forty five years of age, applied for relief from deafness in the right ear. After examining this ear I requested him to turn around, that I might examine the one on the opposite side. He protested, and said there was no necessity for that, as he never recollected hearing out of the left ear, that he came to me to have the *right* ear treated, that he was very much afraid of losing his hearing on that side, and if he did he should be totally deaf. After explaining to him the necessity of an examination of both ears for purposes of comparison, he, however, consented.

The membrane in this ear appeared to have lost all vitality, was retracted and shrivelled, and in the anterior segment there was an indenture, as though something from behind was drawing it in; in places it was atrophied and assumed more the appearance of tissue paper than anything else. On finishing the examination I told him I could certainly benefit his hearing

on the right side, and that I also *might* be able to give hearing in the left ear if he would allow me to perform an operation; that I could not promise anything positive, however, but that I should like to try. He laughed and said I might as well try to make a stone hear. That he was now upwards of 45 years of age, and had never heard anything with the left ear. He finally consented to the operation, which consisted in excising the entire membrana tympani with the exception of the *annulus tympanicus*, and a narrow strip, corresponding to the line of insertion of the manubrium of the malleus. The tympanum was found to be partially filled with hardened mucus and other inflammatory products, which were removed by instruments and warm injections. Warm bicarbonate of soda solutions were poured into the ear while he lay upon the opposite side, and allowed to remain there for from five to ten minutes. After continuing this treatment for a few days, resolvent and stimulating applications were made to the middle ear, and subsequently the membrane allowed to heal up. Within ten days he could hear as well with the left as with the right ear, which had also been benefitted. The excised portions were reproduced, and the new membrane looked very much more like a normal one.—[*Ohio Medical Journal.*

WHAT IS PYÆMIA?—According to *Delafield*, under the name of pyæmia are commonly understood several different conditions, giving rise to different lesions:

1. Septicæmia.—In this, some portion of the body is in a condition of gangrene; that is, the tissues are not only dead but decomposing, with the evolution of gases, the softening and liquefaction of the solid parts, and the development of minute organisms, either animal or vegetable. The gangrenous fluids thus produced are, apparently, absorbed by the lymphatics and blood-vessels, and are thus able to produce marked symptoms during life, and to produce death.

2. Simple pyæmia.—Persons who have suppurating wounds or abscesses may, without much change in the wound or abscess, be seized with rigors followed by fever, become jaundiced, and die.

3. Metastatic pyæmia.—This is a very different condition from the other two, and may be accompanied with marked lesions.

By the agency of various changes about the wound, substances are absorbed which produce in various parts of the system multiple abscesses and hemorrhagic infarctions.

Agnew.—The fevers that follow wounds are divided into three kinds:

1. Simple traumatic infective fever.
2. Secondary traumatic fever.
3. Complicated traumatic infective fever.

The secondary traumatic fever may imitate a hectic fever.

The complicated traumatic infective fever includes what are generally known as septicæmia ane pyæmia. But Agnew discards the term pyæmia.

Billroth classifies the fevers following wounds into—

1. Primary traumatic fever.
2. Secondary traumatic fever.
3. Septicæmia.
4. Pyæmia.

By septicæmia he understands a constitutional acute disease which is due to the absorption of various putrid substances into the blood, which is thereby spoiled so that it cannot fulfil its physiological function.

Pyæmia is a disease which we suppose to be due to the absorption of pus or its constituents into the blood. It is symptomologically characterized by intermittent attacks of fever, etc., and in its pathological anatomy by abscesses and diffuse inflammations. It is clinically distinct from the other varieties.

Fordyce Barker believes septicæmia and pyæmia to be distinct clinically, and, probably, distinct pathologically. There are more evidences of cerebral disturbance, more diarrhœa, fevers, chills, and symptoms come on earlier in septicæmia than in pyæmia.

Greenfield considers pyæmia and septicæmia to be distinct, but attributes both to an invasion of the system by microscopic organisms.

Erichsen.—Pyæmia is a name applied to a group of pathological conditions. These include (Virchow) (1) leucocytosis,

(2) the formation of thrombi with resulting emboli and abscesses, and (3) an absorption of ichorous matter producing the condition known as septicæmia.

Gant and *Ashhurst* adopt essentially the same view as Erichsen.

Aitken.—Pyæmia is a febrile affection generally sequent on wounds, suppurative inflammation of bone, the puerperal state, or surgical operations, resulting in the formation of secondary abscesses in the internal visceral organs (most frequently in the lungs, the liver, kidneys, spleen, and brain), and also in the joints and connective tissue—sometimes, but not necessarily, associated with phlebitis or embolism. Under this head there is a class of cases which are prolonged and essentially chronic, in which fever does not reach a high degree of temperature, but in which the suppurative tendency is necessarily expressed in many organs and in different parts of the same organ. This is in reality *septicæmia*. There is another class of cases in which superadded to the septicæmia is the suppurative tendency which expresses itself in multiple abscesses, this is *true pyæmia*.

Virchow denies that there can be proved to exist any such thing as morphological pyæmia. The name, as designating a definite change of blood, must be abandoned. As commonly used it covers one or more of the three pathological conditions referred to in the quotation from Erichsen.

Callender ("Holmes' Surgery"), adopts essentially Virchow's view, and urges that the name pyæmia be applied only to the condition in which there is formation of thrombi, with fibrinous infection and metastatic abscesses therefrom.

Bristowe ("Reynolds' System").—Pyæmia is a disease the most characteristic features of which are (1) its supervention on certain special conditions of the system; (2) the occurrence of rigors, with perspirations; (3) the presence of jaundice; (4) the formation of external abscesses; (5) the great prostration and early death; (6) the occurrence of certain characteristic lesions easily recognized after death.

F. H. Hamilton.—The specific causes and the precise pathological character of pyæmia are not yet fully determined. There is much probability, however, that it is a variety of septi-

cæmia, and that it is induced by the reception into the system from suppurating depots of certain septic elements, or of elements which have undergone a gangrenous or, possibly, only a suppurative degeneration.

The symptoms are irregular chills, with profuse perspiration, great prostration, vomiting, delirium, sweet breath.

Liddell considers pyæmia as a species of septicæmia, or blood-poisoning; clinically distinct, however, from septicæmia, but to be arranged under the same genus.

Wagner.—Pyæmia is divided into two forms:

1. Septicæmia.

2. Embolic or septico-pyæmia.

Pyæmia is defined as a disease, usually acute which starts in a purulent or ichorous focus, and is caused by the absorption from this focus, or its vicinity, of mechanical or chemical noxious, so-called septic or putrid substances.

Bryant.—According to this author, traumatic fever, septicæmia, and pyæmia, are all names for one condition, viz., blood-poisoning. These different forms of blood-poisoning differ in degree, not in kind. Traumatic fever may pass into septicæmia, and septicæmia into pyæmia.

The variety of statement and of definition in the above, indicates less real discrepancy than would appear. Some of the authorities quoted are antiquated, while the more modern ones are substantially agreed in fact, if not in letter. The view that what used to be known, and still is recognized by some, as pyæmia, is only a form of septicæmia, is the one generally held by modern pathologists. Pyæmia is an intenser form of septicæmia, having clinical and morphological characters of its own. The word pyæmia, however, ought to be abandoned, for its etymology conveys a wrong idea of the real pathology of the diseases.

Most surgical writers have little claim to speak authoritatively on pathological points. It is note-worthy that Hamilton and Agnew, in their "Surgeries," come nearer to accuracy than the others that we have quoted.—[*Medical Record.*

THE BELL INDUCTION BALANCE FOR DETECTING BULLETS.—The ingenious instrument devised by Prof. Bell, for detecting the location of the bullet in President Garfield's wound may prove a very valuable addition to our surgical resources. It is of such general as well as special interest, that we believe our readers will be pleased to have a full description of it laid before them.

The balance, as now modified, though not essentially new in principle, is more sensitive to small masses of metal at a distance, and better adapted to the requirements of military surgery than anything of the kind hitherto devised. The apparatus, in its present improved form, consists of two flat coils, about four inches in diameter and one-half an inch in thickness, of insulated copper wire; a battery, a condenser, an interrupter or circuit breaker, and a telephone. The ends of the primary or inducing coil, are connected with the poles of the battery, and in the same circuit are a condenser and a small interrupter, whose vibrating tongue opens and closes the circuit with great rapidity. The ends of the secondary coil, in which the current is to be induced, are carried to the binding posts of a Bell telephone. When the connections have thus all been made, the secondary coil is laid on the primary or inducing coil, so that their respective circumferences exactly coincide. The circuit breaker is then set in motion, and the rapidly interrupted current through the primary coil induces another current of higher intensity in the secondary coil, and, as it does so, a loud musical tone is heard in the telephone with which the secondary coil, is connected. As long as the current is maintained and the circumferences of the two coils are kept in exact coincidence, the musical note in the telephone does not change its pitch or intensity. If however the experimenter slides the upper coil along an inch or so upon the corner, so that their circumference no longer correspond, the intensity of the musical tone is diminished, and just in proportion as the centres of the flat coils are separated by a greater or less distance the intensity of the musical tone is lessened or increased. When the upper coil has been slidden over the lower, so that they simply overlap, the centre of one corresponding nearly with a point on the circumference in the other, the musical tone in the telephone ceases. If the upper coil be pushed a little further to one side, so that it overlaps still less, the tone is again heard. By delicate manipulation it is possible to adjust the centres of the overlaping coils at such a distance,

one from the other, that a perfect balance is brought about, and when this is the case, the telephone makes no sound whatever. The centres of the overlapping coils cannot then be moved either toward or away from one another without causing the telephone to break its silence.

When the coils are thus balanced and the telephone is mute, it is found that what may be called the area of coincidence, or, in other words, the area of the overlapping parts of the two flat coils has become highly sensitive to the approach of metal, and manifests its sensitiveness by a low note in the telephone. As long as metal is kept away from this area the telephone remains silent, but if a piece of lead, for example, is brought within a distance of four or five inches from the overlapping parts of the coil, there may be heard in the telephone a faint but clearly perceptible note, which becomes louder and louder as the metal approaches the sensitive surface, and throws the coils more and more out of balance. It will readily be seen that under the guidance of the telephone, the small area bounded by the intersecting circumferences of the overlapping coils, can be placed exactly above a bullet or other piece of metal embedded in the body, provided the metal does not lie at too great a depth. As soon as the balanced coils begin to feel the disturbance caused by their approach to the imbedded bullet, the telephone announces the fact by a faint, continous musical note, and this note grows louder and louder until the overlapping parts of the coil are directly above the disturbing metal, when the sound reaches its maximum. For convenience of application to the body the coils used by Professor Bell were mounted in a rectangular piece of walnut, about seven inches in length by four in breadth, with screw posts at the corners for the wires and a handle at the back, by which it could be held.

The apparatus audibly and unmistakably detected the presence of a leaden bullet held at a distance of three and one-half inches from the sensitive area of the secondary coil, this being a half inch beyond the distance which Professor Bell set himself the task to attain. Even greater, though less pronounced results have been attained: a bullet disclosing its presence in one experiment at a distance of five inches. In this experiment a curious fact was noticed. At a distanae of three and a half inches or less, the fundamental musical tone of the vibrator was conveyed through the telephone to the ear of the

operator. But when five inches distance was reached, the resultant tones were two octaves or more higher than those of the vibrations. Thus, in some mysterious manner, the laws of harmony are found to be related to those of electricity, and may in the future play a not unimportant part as an auxiliary to the work of practical surgery.

An old soldier who was shot in the breast in the war of Rebellion, and who still carries the bullet in his person, was made the subject of experiments, and the presence of the metal below the shoulder blade was made distinctly audible.—[*Medical and Surgical Reporter.*

AN UNUSUAL CASE OF STRANGULATED HERNIA.—Dr. Geo. Jewett writes to the *Boston Medical and Surgical Journal* of a curious case which we reproduce in full.

Was summoned at midnight, April 9, 1881, to visit a patient of Dr. W. H. Shepard in Westminster, from whom I learned the following facts:—

The patient, Mr. Perkins, was about fifty-five years old; had left inguinal hernia for many years, for which he had worn an ordinary truss with perfect relief until within the past four months, since which time the use of truss was unsatisfactory, and he became aware that the hernia could not be fully reduced. April 7th went to bed well; on the morning of the 8th felt pain at epigastrium, with nausea, when the hernia appeared in an unusually large volume, filling the scrotum. He observed it was larger and harder than ever before, but reduced it entirely as it seemed to him, without much difficulty. He remained quiet the remainder of the day, nothing occurring until the afternoon of the 9th, when the hernia reappeared larger and harder than ever, and could not be reduced. He soon sent for his physician, who also failed in taxis. At time of my visit there was prostration, nausea, but not much vomiting. The tumor was large, very hard, and not resonant, nor markedly tender. Without effort at taxis I introduced an aspirator needle, and drew, by estimate, about five ounces of bloody serum, which soon coagulated upon standing. Decided to give opiates, apply ice, and wait till morning. Nine A. M. Patient had nausea; not much pain; had slept some; hands and feet cyanosed and cool; nose and ears cool; was evidently sinking. The hernial

tumor was still larger, apparently solid. The patient etherized, instruments and hands carbolized, I proceeded to operate without delay. The tissues covering sac were much infiltrated. On opening the sac a jet of bloody serum spurted freely, and a coil of intestine, livid in color, was exposed; two or three long, well organized clots were floating in the serum.

A careful examination of the strangulated gut showed the serous coat had been stripped off for a space one inch in width and two in length. The outer margin revealed a thickened mass of lymph, which had glued the intestine to the scrotal wall, and recently had been torn from its connections. A bloody serum oozed from the abraded surface. The stricture was high up, and when relieved the intestine could not be fully returned. Exploring the region of the obstruction, I found a fibrous band binding the intestine to the abdominal wall as far as I could reach. This I carefully separated as far as possible with my index finger, cleansed and carbolized the parts, and returned the contents to the abdomen without further difficulty. The cut surfaces were carefully cleansed, and as the wound was partially closed the patient began to cough when considerable bloody serum and clots were forced from the abdominal cavity. After some further delay the dressing was completed. The patient made a good recovery, and a month or thereabout after expressed himself in good condition for business.

NOSTRUMS IN THEIR RELATIONS TO PUBLIC HEALTH—Albert B. Prescott, M. D., F. C. S., in an able article on this subject published in the *Physician and Surgeon* says:

It may be submitted now that *the use of patent medicines without a knowledge of their composition does injury to the health of the people.*

1. Because they may, and in fact sometimes do, contain powerful or poisonous articles unsuspected.

2. Because they always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health.

3. Because they are liable to be changed in composition, so that any experience of their effects, as they are purchased at one time, is not conclusive as to the same-named articles purchased at another time.

4. Because it is submitting disease to the treatment of a distant and irresponsible stranger and hazarding health in an apparent game of chance.

5. Because they are trusted to act as antidotes in the sense in which no medicines can so act.

6. Because they favor excessive recourse to medication, and thereby increase the resort to physicians and intensify the demand for the physicians to give medicines whether needed or not.

7. Because their analysis shows the greater part of them to be given with multiplied falsehood, and the patronage of falsehood must be demoralizing both to the mind and to the body.—[*Louisville Med. News.*

SYPHILIS AND TABES.—Erb. in *Centralbl. f. d. Wissench.*, Nos. 11 and 12, 1881.

The author investigated the relation between Syphilis and Tabes, and found in 100 cases under his observation:

Without previous chancre or syphilis.....12 per cent
With previous chancre and syphilis..... 88 per cent
Of the latter with secondary syphilis..... 59 per cent
Of the latter with chancre without secondary..... .29 per cent

He found with regard to the period at which tabes occurred after infection as follows:

Between 1 and 5 (never before three) years			17 cases
" 6 and 10	"	"	.....37 "
" 11 and 15	"	"	.....21 "
" 16 and 20	"	"	..... 3 "
" 21 and 25	"	"	..... 5 "
After 31st year	"	"	..... 2 "
Unknown	"	"	..... 3 "

In order to remove any doubt as to his material of observation being mostly syphilitic he calculates the percentage of syphilis occurring in 400 patients not treated for tabes or direct syphilitic diseases, and that of these only 23 per cent had had a chancre.—[*Pacific Med. and Surg. Journal.*

HAY FEVER.—M. DE BUDBERG, in a communication to the Société Vaudoise de Médicine, calls the attention to the value of the method of treatment devised by Helmholtz, which is less

widely known than it should be. The first case was observed by M. de Budberg in an Englishwoman, who had suffered from it for twenty years. The treatment employed consisted of nasal irrigations of solution of quinine, recommended by Helmholtz (1 part in 750 of water). This irrigation brought away masses of brownish mucus, in which were found small round yellow corpuscles, of smaller dimensions than the blood-corpuscles. It did not contain either vibrios or bacteria. After two or three douches, the patient was perfectly well. The attack was arrested from that time. A solution of chlorate of potash was employed, and no relapse occurred, although the patient frequently passed flowering meadows. Every time that she attempted to suspend the treatment, a relapse occurred, which, however, was promptly ameliorated by the use of the douche. M. de Budberg thinks that the yellow corpuscles found in the nasal mucus of this lady were pollen-corpuscles. The nasal douche freed the mucous membrane from them; hence its curative effect. In cases in which the mucus contained bacteria, Helmholz's solution of quinine would probably be indispensable. In all cases, it is necessary that the douche should be made most carefully, so as to entirely wash out the whole of the nasal mucous membrane. Dr. Blackley, in his excellent monograph, relates that he induced hay fever in his own person by the introduction, on the nasal mucus membrane, of various kinds of pollen. He cites more than sixty different kinds of them—as a rule, graminaceous pollens. —*British Med. Journal*, July 2, 1881—[*Medical News and Abstract.*

THE FORMATION OF TRICHINÆ CYSTS.—The mode of formation of the cysts of trichinæ has been studied by M. Chatin, and and described in a communication to the Académie des Sciences. It was formerly said to be formed partly from the contractile tissue, and partly by a secretion from the nematoid, but his opinion was based only on some apparent differences in the thickness or aspect of the cyst wall, and not on any careful study of its formation, which necessitates the examination of animals dying or killed in different stages of the affection. When it arrives in the muscles the worm forms adhesions with the interfascicular tissue, in which rapid changes occur. The elements increase in size, and during the growth of the protoplasm it assumes the appearance of an amorphous mass; how-

ever, nuclei and vacuoles can be seen, which seem to indicate that the mass consists really of aggregated cells. By the growth of this the primitive fibres are compressed. In the new protoplasm fine proteoid granulations are first observed, and then other granulations which present all the reactions of glycogen. Then follow important changes in the periphery of the granular mass, containing the trichinæ, now curled up in the interior; the outer surface becomes distinctly thickened and indurated, and may then become lamellated or present granulations or folds. The sarcolemma takes no part in the formation of the cysts except occasionally furnishing it with a purely adventitious layer. Moreover, when the nematoid contracts its first adhesions to the sarcolemma, and not to the interfascicular tissue, it rapidly dies without determining a new formation.—[*Med. and Surg. Reporter.*

ETHER AND CHLOROFORM.—In a recent discussion in the Philadelphia County Medical Society, Prof. Bartholow said he did not believe ether to be necessarily safer than chloroform, but that more deaths from ether may be anticipated when it "comes into more general use." We are rather surprised at this statement, as it implies that ether has not yet had a fair comparative trial. That it has not been employed with nearly so great frequency as chloroform cannot be denied. Nevertheless there are many large cities and extensive regions of country on both sides of the Atlantic where it is used, and has been used for many years, almost exclusively, affording data quite sufficient for positive conclusions in regard to its safety. If there is any single fact beyond controversy, it is that chloroform is more dangerous than ether. Even if it be claimed that chloroform has been employed over ether in the proportion of 100 to 1, the number of deaths reported from it far exceeds that proportion. We notice that in the discussion referred to, the idea is expressed that if ether were administered as carelessly as chloroform, its fatalities would be increased. But is it not certain that chloroform is used with much the greater degree of care? So much confidence have the advocates of ether as to its safety that they are in the habit of giving it lavishly and even recklessly. We have no question that if no greater care and apprehension were associated with chloroform than with ether,

casualties from the use of the former would be largely increased. —[*Pacific Med. and Surg. Journal.*

SYPHILITIC MANIA. COMPLETE CURE BY THE MIXED TREATMENT.—The following case is reported in the *Revista Frenopatica Barcelonesa*. The patient was a young Spaniard, who had served six years in the Cuban campaign. Being entrusted with the treasury of two regiments, and executing his duties with great zeal, his position was the cause of mental fatigue. This probably brought about a cerebral congestion, which was followed by epileptiform seizures, extending over quite a space of time. Subsequently, a marked change was noticed in his disposition. Melancholia, loss of memory, and other symptoms of acute mania, together with an ambitious delirium, rendered it advisable to place him in an asylum. There it was observed that the elementary mental faculties were unaffected, but that the higher ones, reason, judgement, causality, etc., were completely deranged; association of ideas and co-ordination were lost. Acute general mania, with acute ambitious delirium and hallucinations, was diagnosticated, and ascribed to the common causes. Accordingly, opiates, chloral, and other nervous sedatives were exhibited, but only seemed to aggravate the malady. Finally the use of the strait-jacket became necessary. The patient gradually failed, and became emaciated; sores appeared upon the sacrum, and death was near at hand. At this juncture it was ascertained that the man had had syphilis, and the cause of the mania was patent. Under the use of the iodide of potassium, associated with hypodermics of corrosive sublimate, the effects of treatment were evident in a few days; the fever and delirium were diminished in intensity; the autophagism ceased, and the character of the sores changed. At the end of three months, the patient was dismissed cured.—[*Medical Record.*

NEURALGIA OF OPHTHALMIC NERVE, WHERE LOCAL SYMPTOMS WERE SIMILAR TO THOSE RESULTING FROM GOUT AND RHEUMATISM. —DR. A. S. MYRTLE, of Harrogate writes to the *Practitioner*: On February 16th, Mr. W., after looking out of a carriage window, the train being in motion, felt a sharp pain in the left eye; he thought a spark from the engine must have got into it, and that with fomentation and a night's rest it would come all right as on previous occasions. In this he was disappointed;

the eye became more painful, the vessels hyperæmic, sight dim, and to these symptoms were added shooting pains over left eyebrow and to the back of head on the same side. Still he was feeling otherwise well, and continued to go his business rounds, involving railway travelling, walking, and driving. On the night of the 19th he sought the advice of my friend Dr. Ward of Harrogate, who told him he was suffering from a very decided attack of rheumatic iritis. Atropia was dropped into eye, and mercury, opium, and ipecacuanha prescribed. Next morning all symptoms increased, and as Dr. Ward was going from home, and Mr. W. was going to Leeds, he consulted Mr. Pridgen Teale, who agreed with Dr. Ward both as to nature of case and treatment; at the same time he applied an artificial leech to left temple, removing about three ounces of blood.

21st.—Eye worse in every respect; pain in supra-orbital nerve intense, sight greatly impaired, hot, scalding tears very copious.

22nd.—Much the same. Went to Leeds, saw Mr. Teale; ordered a second bleeding by leech and treatment to be continued.

Matters continued much the same, Mr. W. going to business and seeing Mr. Teale now and again till the 3rd of March, when Mr. Teale ordered morphia hypodermically at bedtime, and I was asked to inject it. I examined the eye, found the pupil irregularly dilated by atropia, sight nearly gone, pain deep-seated, vessels full of blood, giving the whole eye the appearance of scarlet cloth, copious flow of tears, right eye tender, pain over entire left parietal region. I injected ½ grain morphia and $\frac{1}{40}$ of atropia, and told him I thought it was folly and dangerous for him to leave the house. He then asked me if I would attend him.

4th.—No better; had three hours troubled sleep with profuse perspiration. On examination I was much struck to find the pulse 72, temperature natural, tongue clean, appetite good, all bodily functions apparently in normal state; he said, "Were it not for my eye I feel perfectly well and fit for anything." I prescribed salicylate of soda, colchicum, and morphia; applied a blister behind ear and anodyne colloid over left scalp. It so happened I saw Mr. Teale that night, and we talked over this case, both considering it to be of a gouty or rheumatic nature;

and as the right eye was becoming involved, we agreed that the best course to adopt would be to bring him rapidly under the influence of mercury by inunction. That night he was ordered full dose of chloral and bromide of potassium.

5th.—Found him in agony, sleeping draught no effect, eye now quite dark, pain at left occiput excruciating, right eye congested; still no constitutional disturbance, and this fact caused me to think that here we had neither gout nor rheumatism to deal with, but neuralgia. Accordingly instead of rubbing in mercury, I determined to try full doses of hydrochlorate of ammonia and cinchona. I also painted all around the eye with extract of belladonna. I went to see him late at night; first dose of medicine gave him relief, and after third, pain had entirely subsided. I saw him about 10 p. m., and could scarcely believe my own eyes, the change for the better was so great. Next morning I found he had passed the first good night since his eye began to pain him. On the 7th I took Mr. Teale to see him, and we could discover very few signs in the eye of its having been the seat of so much, and so long continued mischief. On the 9th he went out, and overdid himself; the pain with inflammation returned, eye ran with water, sight got cloudy. A return to the medicine was followed by immediate benefit. On the 12th I put him on arsenic and quinine, and on the 18th I dismissed him cured.

I have brought this case before you because the symptoms from the first led Dr. Ward, Mr. Teale, and myself to look on them as depending on gouty or rheumatic influences. For a fortnight he was treated accordingly, not only without benefit, but with a steady increase of local evil; then there was a total absence of constitutional derangement—a condition seldom found to exist in an individual charged with the gouty or rheumatic poison to such an extent as to be the cause of such severe and persistent local mischief.

Last of all we have the fact that so soon as the condition of the eye was treated as the result of a pure neuralgia, we had first of all immediate relief from acute pain, and speedy resolution of the hyperæmia and all its accompaniments. The failure in the treatment whilst that was directed to correction of the gouty or rheumatic diathesis was just as marked as was the success which followed the exhibition of remedies known to posses

curative properties in most cases of functional neuralgia. I don't remember ever meeting with any case where the action of a remedy so clearly demonstrated the pathology of disease. Compelled to treat it empirically, the special or specific treatment having failed, the success attending the administration of hydrochlorate of ammonia and bark (the former known to posses a sedative influence on localised and superficial pains of neurotic character), forces me to the conclusion that all the inflammatory appearances here had their origin in a functional perturbation of nerve force, external to the organ affected, and not from the presence of any *materies morbi* circulating within, such as we believe to exist in what are termed gouty and rheumatic constitutions.

IS THERE A SPECIFIC URETHRITIS?—In a "special article" in the September number of the *New York Medical Journal and Obstetrical Review* Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rest altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from

another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations, alike.

FOR INTERMITTENT FACIAL NEURALGIA AND CEPHALALGIA.

℞

Dextro-Quiniæ.....grs. xxx
Ammonii Chloridi.....grs. xx

M. ft chart No. vj.

Sig—One powder three times daily, "promptly alleviates the suffering." Dr. W. Matthews.

Correspondence.

ARTICLE LII.

EUROPEAN CORRESPONDENCE.

Steamship Ethiopia, Atlantic Ocean, Aug. 20th, 1881.

EDITORS JOURNAL.—It has occurred to me that it might be acceptable to your readers to receive from me some notice of my observations of the prevalence (in the streets of the cities which I have visited) of deformities.

My attention has been more especialy directed to this subject by the exhibit to me of the mode of operating in deformities of lower limbs resulting from rickets practiced by Dr. Macewen of Glasgow. At the time of my first visit to Glasgow, in June, the frequency of these deformities, as observed on the streets, seemed to me greater than what I had seen in any American city. After Dr. Macewen's operation had fixed my attention to the subject I observed again with the same result.

The bending of the bones of the thigh and of the legs seemed out of proportion to the distortion of other bones; from which it is probable that while the bones are abnormally soft from disease, they yield under the weight of the body in attempting to walk. While in Glasgow, I failed to notice any instance of the deformity in children well-dressed and the same has been the case in other cities.

From this, it is to be observed that the disease and the consequent deformity are not the result, to much of an extent of peculiarness of climate.

The houses which the poor people live in, and the quantity quality and regularity of feeding are more probably the conditions upon which the disease of rickets generally depends. There are in Glasgow three conditions leading to a supposed explanation.

1. The houses in which the poor live are damp and the necessary economy of fuel with the poor must prevent the

proper warming and ventilation of their apartments. The absence of sufficient sunlight in a damp and chilly air may be supposed unfavorable to the proper fixation of lime on the bones in early life and perhaps in intra-uterine life.

2. The whiskey drinking for which Glasgow is preëminent may be considered as undermining the health of those poor people who habitually indulge in it, but it is chiefly active in occasioning that improvidence which results in the great and most active cases.

3. The insufficient and precarious food supply. The great demand of manufacturing and the consequent full employment for laboring men ought to make poverty unknown. The labor performed by laboring men ought to make every family comfortable, but we all know that drunkeness begets imprudence so that, aside from the money, directly spent in drinks, the time spent in drinking and in getting sober are only small parts of the mischief.

Under the mental influence of semi-intoxication money is spent while it is plenty and starvation prevails while it is scarce. The pregnant and nursing women and the young children are the greatest sufferers from these deprivations and irregularities, and the same causes arising in poverty which have their effects in insufficient food, are also the foundation of the necessity for damp and cold houses.

Again, a considerable portion of the laboring population of Glasgow live on ground which has been reclaimed from a marsh and though the climate may be too cold to produce ague, it is all the more fitted to produce scrofula.

The venereal taint might come in for a share in the causation only that in Tunis where the taint is equally prevalent, the disease is very rare.

Going from Glasgow to Edinburgh the defomities appeared frequently in the streets but not in so great frequency as in Glasgow and I noticed that the poor in Edinburgh live in the same way, in damp stone houses with extremely narrow streets with the same signs of poverty, as shown in ragged dress and in bare feet probably from the same cause of whiskey drinking.

Going then to London I was on the lookout for these deformities but with less prevalence of bare feet there was less prevalence of these deformities. I noticed that in London the poor

live more in houses of brick and it is probable that the less power of conducting caloric in brick, may lead to a smaller amount of deposit of dew upon the inner walls of the houses with a corresponding dryer condition of the air of the rooms.

The quarter of the poor in some parts of London exceeds anything seen in Glasgow and yet the bowlegs are rare compared with their frequency in Glasgow.

Going from London to Paris and looking for these deformities, I found them extremely rare and the appearnce of extreme poverty also equally rare. The poorest people drink wine at meals and at other times and may be supposed to be almost constantly under a slight alcoholic stimulation. The excesses attendant upon the drinking of distilled spirits are rare.

Thence to Brussels, Antwerp, Rotterdam Amsterdam and Utrecht the same comparative absence of rickets appeared.

The climate of Holland and the local and damp condition of the ground upon which the houses are build might be supposed to favor the disease, but it is at the same time to be noticed that the poor generally live in houses built of brick, while there is at the same time an absence in a great degree of the appearance of that extreme poverty existing in Glasgow, Edinburgh and London.

The Parisians live generally in stone houses but their streets though often narrow are clean and the appearance of drunkeness is next to nothing. During the 24 days I was in Paris I saw only one person who seemed to be intoxicated.

My visits to the cities of Belgium and Holland were exceedingly brief so that my observations are less to be relied upon, but I do not remember to have seen an intoxicated person in any of their cities.

I am therefore driven to the conclusion that an extensive prevalence of rickets is not in the climate nor in the soil, but in poverty and the insufficiency and irregularity of food and of fuel therein resulting.

A sign of this poverty is the absence of shoes, and the general cause of drunkeness.

DAVID PRINCE, M. D.

ARTICLE LIII.

MALARIA.—NEGATIVE THEORY.

EDITORS JOURNAL:—Malarial fever is caused by the deficiency of oxygen in the air. In low lands, it is the prevalence of impure gases, replacing the oxygen; and of decomposing vegetable matter, consuming the oxygen, which cause its deficiency. On the mountains, it is simply the rarity of the atmosphere, which causes a deficient amount of oxygen. In either case this deficiency causes an imperfect oxydation of the blood, and a deficient combustion of worn-out material. The result is just what we would expect and what we see in malarial fever.

These impurities poison the system, lower the temperature and diminish the circulation of the surface and extremities. This congests the internal organs: the spleen, the brain, spinal cord, lungs, liver, stomach, bowels one or more, lightly or severely, as the case may be. This pressure on the vital organs causes the reaction, with fever, followed by perspiration and a temporary return to a normal condition. All the light we get from remedies points in the same direction.

We act on the secretions, eliminate impurities, stimulate for immediate relief, give nerve tonics for the main cure and blood tonics as permanent restoratives. Quinine is called an "antidote or specific". It is our best remedy simply because it is our best nerve tonic for immediate effect. By its influence on the nervous system it increases the oxydation and restores the circulation to the surface and extremities; in fact, restores temporarily all the functions and thus enables the system to resist the depression and throw off impurities. Iron increases the red corpuscles, the oxygen carriers of the blood; aids digestion, and repairs more permanently. Immediately on streams and large bodies of water there is less malarial fever than there is some distance back from the water, because water in large bodies is purifying to the air, absorbing impurities that would replace or consume oxygen. The most sickly places are those which have the most vegetable decomposition. This, of course, requires

some moisture—considerable vegetable matters heat. If this theory be true it will increase our esteem of oxygen as a vitalizer and the importance of ventilation to health. Scientific men will search for oxydisers of the blood and the air we breathe. We will find most causes of this disease of home manufacture.

Ironton Mo. G. W. FARRER, M. D.

ARTICLE LIV.

MATERNAL IMPRESSIONS.

EDITORS JOURNAL:—Seeing an article in the JOURNAL discussed by the St. Louis Medical Society headed "Maternal Impressions", I thought I would give you the history of two or three cases that came under my own experience. Allow me to say that I for one do believe in maternal impressions, for I have had at least five or six cases, in the last year, and I have given the subject considerable study and thought. The first case I will give you is that of a lady about 20 years old. First child one that has had splendid health all her life. Last summer a circus came to Hannibal; she wanted to go, the husband rather objected as she was in about the fourth month of pregnancy, but woman-like she overruled and went. There she saw an Albino lady and being the first one she ever saw, she became very much interested in her. She carried the child to full term, but when born right at the edge of the hair on the forehead was a lock of hair as white as snow the rest of the hair being dark. The child is now a year old and it has not changed any yet. The mother combs the other hair over it so as to hide the white lock, but a stranger will notice it the first thing. The next is a lady about 30; has given birth to three children; is healthy in every respect. When she was about three months pregnant a stranger stopped one day to get his dinner. When he came in she saw he had a hare-lip. She says she could not keep from looking at the man. Her husband came in, saw her looking at the man and told her to go out followed her out

and told her not to come where the man was any more as it might mark the child. She did not go back where the man was any more, but says she could not think of anything else for several days. She carried the child to full term, but when born it had a hare-lip. The third is a lady about 25; first child rather delicate. When about four months pregnant her brother was out hunting one day, found an opossum which had young ones. He brought one of the young ones to the house went to the back of his sister and threw it in her lap. She said it frightened her at first, but she only caught a glimpse of what it was, for her mother snatched it from her lap and threw it away. She carried her child to full term, but when born it had one ear like that of an opossum. Now can any one explain why this is? If it is not from the maternal impression made by the mother on the child? My opinion is that it is more likely to occur about the third or fourth month, but I would like to know the opinion of others on the subject.

Hannibal, Mo. J. B. BOLTON, M. D.

Editorial.

ARTICLE LV.

The October issue of the *American Journal of Medical Sciences* contains the following official report of the Autopsy of President Garfield, prepared by the Surgeons in charge:

RECORD OF THE POST-MORTEM EXAMINATION OF THE BODY OF PRESIDENT J. A. GARFIELD, MADE SEPTEMBER 20, 1881, COMMENCING AT 4.30 P. M., EIGHTEEN HOURS AFTER DEATH, AT FRANCKLYN COTTAGE, ELBERON, NEW JERSEY.

PRESENT and assisting, Dr. D. W. Bliss; Surgeon-General J. K. Barnes, U. S. Army; Surgeon J. J. Woodward, U. S. Army; Dr. Robert Reyburn; Dr. Frank H. Hamilton; Dr. D. Hayes Agnew; Dr. Andrew H. Smith, of Elberon (and New York); and Acting Assistant-Surgeon D. S. Lamb, of the Army Medical Museum, Washington, D. C.

Before commencing the examination, a consultation was held by these physicians, in a room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid appearances existing recorded. That a catheter should then be passed into the wound, as was done during life to wash it out, for the purpose of assisting to find the position of the bullet. That a long incision should next be made from the superior extremity of the sternum to the pubis, and this crossed by a transverse one just below the umbilicus. That the abdominal flaps thus made should then be turned back and the abdominal viscera examined. That after the abdominal cavity was opened the position of the bullet should be ascertained, if possible, before making any further incision; and that, finally, the thoracic viscera should be examined.

This order of procedure was unanimously agreed to.

The examination was then proceeded with, and the following *external appearances* were observed:—

The body was considerably emaciated, but the face was much less wasted than the limbs. A preservative fluid had been

injected by the embalmer, a few hours before, into the left femoral artery; the pipes used for the purpose were still in position. The anterior surface of the body presented no abnormal appearances, and there was no ecchymosis or other discoloration of any part of the front of the abdomen.

Just below the right ear, and a little behind it, there was an oval ulcerated opening, about half an inch in long diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region.

A considerable number of purpura-like spots were scattered thickly over the left scapula, and thence forwards as far as the axilla. They ranged from one-eight to one fourth of an inch in diameter, were slightly elevated and furfuraceous on the surface, and many of them were confluent in groups of two to four or more. A similiar but much less abundant eruption was observed sparsely scattered over the corresponding region on the right side.

An oval excavated ulcer about an inch long, the result of a small carbuncle, was seated over the spinous process of the tenth dorsal vertebra. Over the sacrum there were four small bedsores, the largest about half an inch in diameter. A few acne pustules and a number of irregular spots of post-mortem hypostatic congestion were scattered over the shoulders, back and buttocks. The inferior part of the scrotum was much discolored by hypostatic congestion. A group of hemorrhoidal tumors, rather larger than a walnut, protruded from the anus.

The depressed cicatrix of the wound made by the pistol-bullet was recognized over the tenth intercostal space, three and a half inches to the right of the vertebral spines. A deep linear incision (made in part by the operation of July 24th, and extended by that of August 8th) occupied a position closely corresponding to the upper border of the right twelfth rib. It commenced posteriorly about two inches from the vertebral spines and extended forwards a little more than three inches. At the anterior extremity of this incision there was a deep, nearly square, abraded surface about an inch across.

A well oiled flexible catheter, fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the catheter entered, without any violence, to its full length. It was then left in position and the body disposed supinely for the examination of the viscera.

The *cranium* was not opened.

A long incision was made from the superior extremity of the sternum to the pubes, followed by a transverse incision crossing the abdomen just below the umbilicus. The four flaps thus formed were turned back and the viscera exposed. The subcutaneous adipose tissue divided by the incisions was little

more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about quarter of an inch thick along the linea alba, and as much as half an inch thick towards the outer extremity of the transverse incision.

On *inspection of the abdominal viscera, in sitû*, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the anterior edge of the liver. The greater omentum covered the intestines pretty thoroughly from the transverse colon almost to the pubis. It was still quite fat, and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes opposite the eleventh and twelfth ribs. On the left side the adhesions were numerous, firm, well organized, and probably old;* on the right side there were a few similiar adhesions and a number of more delicate and probably more recent ones.

A mass of black coagulated blood covered and concealed the spleen and the left margin of the greater omentum. On raising the omentum it was found that this blood-mass extended through the left lumbar and iliac regions and dipped down into the pelvis, in which there was some clotted blood and rather more than a pint of bloody fluid.† The blood-coagula having been turned out and collected, measured nearly a pint. It was now evident that secondary hemorrhage had been the immediate cause of death, but the point from which the blood had escaped was not at once apparent.

The omentum was not adherent to the intestines, which were moderately distended with gas. No intestinal adhesions were found other than those between the transverse colon and the liver, already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incision. By pushing the intestines aside, the extremity of the catheter, which had been passed into the wound, could be felt between the peritoneum and the right iliac fascia; but it had evidently doubled upon itself, and although a prolonged search was made, nothing could be seen or felt to indicate the presence of the bullet, either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined seriatim, with the following result:—

The adhesions between the liver and the transverse colon proved to bound an *abscess cavity* between the under surface of the liver, the transverse colon, and the transverse meso-colon,

* These adhesions, and the firm ones on the right side, as well as those of the spleen, possibly date back to an attack of chronic dysentery from which the patient is said to have suffered during the civil war.

† A large part of this fluid had probaby transuded from the injecting material of the embalmer.

which involved the gall bladder, and extended to about the same distance on each side of it, measuring six inches transversely and four inches from before backward. This cavity was lined by a thick pyogenic membrane, which completely replaced the capsule of that part of the under surface of the liver occupied by the abscess. It contained about two ounces of greenish-yellow fluid—a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was in contact, and no communication could be detected between it and any part of the wound.

Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The *Liver* was larger than normal, weighing eighty-four ounces; its substance was firm, but of a pale yellowish color on its surface and throughout the interior of the organ, from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infarctions in any part of its tissue.

The *Spleen* was connected to the diaphragm by firm, probably old peritoneal adhesions. There were several rather deep congenital fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing eighteen ounces; of a very dark, lake-red color, both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions.

There were some recent peritoneal adhesions between the posterior wall of the *Stomach* and the posterior abdominal parietes. With this exception no abnormities were discovered in the stomach or *Intestines*, nor were any other evidences of general or local peritonitis found besides those already specified.

The *Right kidney* weighed six ounces, the *Left kidney* seven. Just beneath the capsule of the left kidney, at about the middle of its convex border there was a little abscess one-third of an inch in diameter; there were three small serous cysts on the convex border of the right kidney just beneath its capsule; in other respects the tissue of both kidneys was normal in appearance and in texture.

The *urinary bladder* was empty.

Behind the right kidney, after the removal of that organ from the body, the dilated *track of the bullet* was dissected into. It was found that from the point at which it had fractured the right eleventh rib (three inches and a half to the right of the vertebral spines) the missile had gone to the left, obliquely forwards, passing through the body of the first lumbar vertebra, and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two inches and a half to the left of the spinal column, and behind the peritoneum. It had become completely encysted.

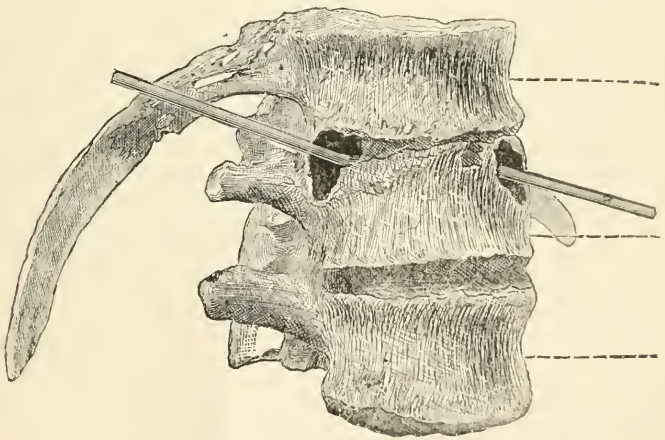
The track of the bullet between the point at which it had

fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated, and the pus had burrowed downwards through the adipose tissue behind the right kidney, and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel which extended almost to the groin. The adipose tissue behind the kidney in the vicinity of this descending channel, was much thickened and condensed by inflammation. In the channel, which was found almost free from pus, lay the flexible catheter introduced into the wound at the commencement of the autopsy; its extremity was found, doubled upon itself, immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long-descending channel, now really seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second vertebræ and the twelfth rib, were then removed from the body for more thorough examination.

When this examination was made it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the intervertebral cartilage next above, and was situated just below and anterior to the intervertebral foramen, from which its upper magin was about one-quarter of an inch distant.

Fig. 1.

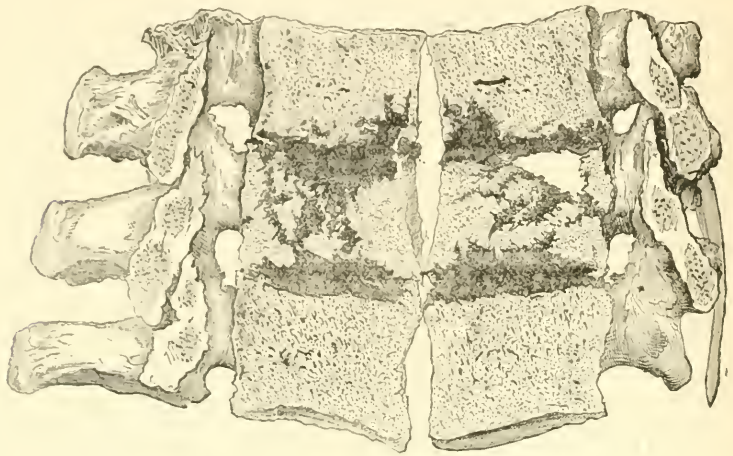


Shows the course of the ball through the first lumbar vertebra, its direction being indicated by the probe.

Passing obliquely to the left and forwards through the upper part of the body of the first lumbar vertebra the bullet emerged by an aperture, the centre of which was about half an inch to

the left of the median line, and which also involved the intervertebral cartilage next above. The cancellated tissue of the body of the first lumbar vertebra was very much comminuted and the fragments somewhat displaced. Several deep fissuses extended from the track of the bullet into the lower part of the body of

Fig. 2.



Shows the above specimen sawn open.

the twelfth dorsal vertebra. Others extended through the first lumbar vertebra into the intervertebral cartilage between it and the second lumbar vertebra. Both this cartilage and that next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

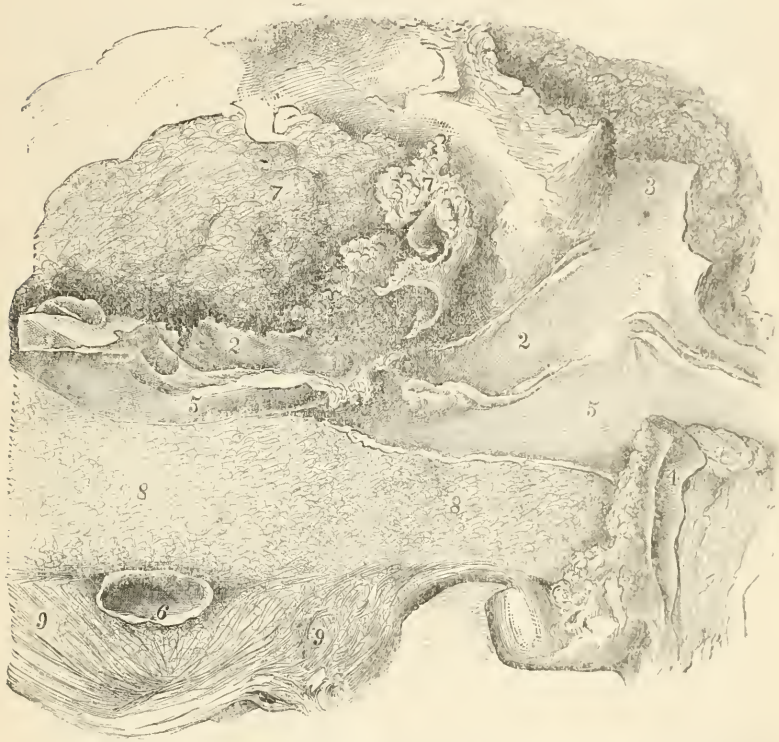
It was further found that the right twelfth rib also was fractured at a point one inch and a quarter to the right of the transverse process of the twelfth dorsal vertebra; this injury had not been recognized during life.

On sawing through the vertebra, a little to the right of the median line, it was found that the spinal canal was not involved by the track of the ball. The spinal cord and other contents of this portion of the spinal canal presented no abnormal appearances. The rest of the spinal cord was not examined.

Beyond the first lumbar vertebra the bullet continued to go to the left, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained besides the ball a minute quantity of inspissated, somewhat cheesy pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adherent to a part of the cyst-wall, which proved on microscopical examination to be the remains of a blood-clot.

For about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process. Thence, as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended

Fig. 3.



1. The point at which the splenic artery gave way. 2, 2. The splenic artery. 3. The cœliac axis. 4. The superior mesentric artery. 5, 5. The splenic vein. 6. The cyst in which the ball was found. 7, 7. A portion of the mass of extravasated blood. 8, 8. The pancreas. 9, 9. Adipose tissue behind the transverse meso-colon

on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occured a short time before death.

This mass of coagulated blood was of irregular form and nearly as large as a man's fist. It could be distinctly seen from in front, through the peritoneum, after its site behind the greater

curvatuae of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and the part of the peritoneum covering the blood-mass had been broken down by the fingers. From the relations of the mass as thus seen it was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and the adjoining soft parts should be preserved for subsequent study.

On the examination and dissection made in accordance with this agreement, it was found that the fatal hemorrhage proceeded from a rent, nearly four-tenths of an inch long in the main trunk of the splenic artery two inches and a half to the left of the cœliac axis. This rent must have occured at least several days before death, since the everted edges in the slit in in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost cantinuous wall bounding the adjoining portion of the blood-clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three inches and a half to the left of the cœliac axis.

Besides the mass of coagulated blood just described, another, about the size of a walnut, was found in the greater omentum near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out.

The examination of the *Thoracic Viscera* resulted as follows :—

The *Heart* weighed eleven ounces. All the cavities were entirely empty except the right ventricle, in which a few shreds of soft, reddish, coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration; with this exception the cardiac valves were normal. The muscular tissue of the heart was soft, and tore easily. A few spots of fatty degeneration existed in the lining membrane of the aorta just above the semilunar valves, and a slender clot of fibrin was found in the aorta, where it was divided, about two inches from these valves, for the removal of the heart.

On the right side pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the anterior edge of the lower lobe, the pericardium and the diaphragm. The *Right Lung* weighed thirty-two ounces. The posterior part of the fissure, between its upper and lower lobes, was congenitally incomplete. The lower lobe of the right lung was hypostatically congested, and

considerable portions, especially towards its base, were the seat of broncho-pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus; their mucous surface was reddened by catarrhal bronchitis. The lung-tissue was œdematous,* but contained no abscesses or infarctions.

On the left side the lower lobe of the lung was bound, behind to the costal pleura, above to the upper lobe, and below to the diaphragm by pretty firm pleuritic adhesions. The *Left Lung* weighed twenty-seven ounces. The condition of its bronchial tubes and of the lung-tissue was very nearly the same as on the right side, the chief difference being that the area of brocho-pneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter. There were no infarctions, and no abscesses in any part of the lung tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that on reviewing the history of the case in connection with the autopsy, it is evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed the physians named at the commencement of this report assembled for further consultation in an adjoining cottage; a brief outline of the results of the post-mortem examination was drawn up, signed by all the physicians, and handed to Private Secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

(Signed) D. W. BLISS, J. K. BARNES D. S. LAMB,
J. J. WOODWARD, ROBERT REYBURN.

As the above report containsparagraphs detailing the observations made at Washington on the pathological specimens preserved for that purpose, the names of Drs. F. H. Hamilton, D. Hayes Agnew, and A. H. Smith are not appended to it. It has, however, been submitted to them and they have given their assent to the other portions of the report.

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* A part at least of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer.

Book Reviews.

ARTICLE LVII.

☞NOTICE.—In order to secure reviews of books it will be necessary to send duplicate copies of the same. Authors sending reprints will please remit them in triplicate in order to obtain notice in this department. In all cases, where *single* copies of books or pamphlets are sent, a mere acknowledgement of their receipt only will be made.

THE PRINCIPLES OF MYODYNAMICS. By J. S. WIGHT, M. D. 12mo. pp. 162.(New York: Bermingham & Co. 1881.)

The author begins this little monograph by stating that "myodynamics treats of the forces of muscles and their effects." He then proceeds to divide the subject into two parts: myostatics treating of "muscular forces, when they are in equilibrium with some other force, or forces"; and myokinetics, "which treats of muscular forces, when they are moving some other force, or forces." He then applies the principles of mechanical forces and shows wherein they are related to the muscles and the applications to be made in fractures and dislocations. The whole is explained very clearly and rationally and put in as simple and comprehensive a form as the circumstances permit him to do. There are numerous diagrams to assist the learner and to one who has the least notions of mechanics is a comparatively easy study.

Those who have not devoted any time to the study of mechanics may find it almost incomprehensible and they lose an opportunity of profiting of a great deal of useful and easily acquired knowledge.

It is a lamentable fact that, our medical colleges, as a rule, have a large number of students who do not know the rudiments of physics or of physical laws and even less of mechanics and who therefore can never learn to appreciate helps such as the present little volume is designed to be. To them mathematical demonstrations are useless and the truths ascertained, by such means are often regarded with suspicion.

The author of the book under consideration has taken a step in the right direction and contributed no little to a more accurate understanding of the bearing of myodynamics to fractures, dislocations and orthopædic surgery. The subject is a practical one handled by a practical man and is the result of direct experimentation and demonstration.

A Treatise on the Diseases of the Nervous System. By William A. Hammond, M. D. With one hundred and twelve illustrations. Seventh Edition. Rewritten, enlarged and improved. 8vo. pp. 929. (New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.)

The first edition of this work appeared in 1871 and now that ten years have elapsed, we are presented with the seventh edition showing the favor with which Dr. Hammond's work has been received by the profession. The first changes made were in 1876 when the sixth edition made its appearance. The present edition has been added to, the chapter on cerebral congestion having hadadditions. Myxœdema, first noticed by Dr. Ord a few years ago is given a chapter, in which all the information on this disease is concisely given. Among other additions made are some on syphilis of the brain, the spinal cord, and the nerves. The symptomatology of cerebral and cerebillar lesions is more fully considered, than in former editions and there is a new section on diseases of the sympathetic nervous system. A great many of these additions, as the author acknowledges, are such as have been made by foreign translators due credit being given in all places.

The chapters on insanity have been entirely omitted in this edition from the fact that the author is at present "engaged in the preparation of a special treatise on that important subject; in which the physiology and pathology of the mind will receive much fuller consideration than could be given in a book combining the whole neurological medicine." This forthcoming work will be eageriy looked for by neurologists, as Dr. Hammond has established for himself quite a reputition as an expert in matters connected with psychiatry.

It would be useless to enter here into a full discussion of the contents of the present work as it has been frequently reviewed and the average medical reader is well acquainted with Dr. Hammond's work.

A Text-Book of Practical Medicine, with Particular Reference to Physiology and Pathological Anatomy. By Dr. Felix Von Niemeyer. Translated from the Eighth German Edition, by Special Permission of the Author, by Geo. H. Humphreys, M. D., and Charles E. Hackley, M. D. Revised Edition. Vol. I. 8vo. pp. 767, Vol. II. 8vo. pp. 861. (New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.)

The seventh edition of Niemeyer is one which has undergone thorough revision and alteration at the hands of its distin-

guished author. The worth of the book can be easily estimated when we consider the great favor and esteem in which it has been held by the medical world. It has become one of the classics. Certainly the American reader will find many occasions to differ with the German writer and that with good reason; but, in the main, the pathological and therapeutical principles as laid down will be found applicable to all cases.

Specialists too may take exceptions in their several branches but this work is intended to ground the student and general practitioner in the principles underlying the practice of medicine.

The present eighth edition has undergone still further alterations at the hands of Dr. Eugene Seitz, a large amount of new matter having been inserted. The death of Dr. Niemeyer in 1871 was greatly felt by the profession, but his work has been carried on. The translation here presented is not a literal one of the last German. It is rather a translation of Niemeyer's original with additions derived from the last German edition together with some from other sources, such as "to render the work more useful to the American reader." These are always enclosed in brackets.

Besides short articles on various subjects have been added such as Chronic Poisoning by Alcohol and Morphine; Wandering Spleen; Paralysis Agitans; Scleroderma; Elephantiasis Græcorum; and Progressive Pernicious Anæmia. Also a chapter on Yellow Fever compiled chiefly from Bartlett. These additions make the work more acceptable and, at the same time more valuable to Americans. It divests it a great deal of its German dress whilst not losing any weight or failing to bring out any essential point.

This work is rather bulky in its present shape, although the publishers have used comparatively small type, a practice to which we must declare ourselves opposed. The amount of matter is great and yet, it could with difficulty be abridged without losing a great deal of the perspicuity attained by the description of details. A mere glance at the copious index is sufficient confirmatory proof of this. We have not entered into an analysis of the contents as our space will not permit of this. Indeed, the work has been so extensively read and studied that almost every medical student is familiar with the peculiarly distinctive views of Niemeyer. The additions are the opinions advocated by leading pathologists of the present day and although many as yet *sub judice*, the reader is left to judge for himself as to the more acceptable.

Books and Pamphlets Received.

Article LVIII.

A System of Surgery, Theoretical and Practical in Treatises by Various Authors. Edited by T. Holmes, M. A. Cantab. First American from Second English Edition, thoroughly revised and much enlarged, by John H. Packard, A. M., M. D., assisted by a large Corps of the most Eminent American Surgeons. In three volumes, with many illustrations. Vol. I. 8vo. pp. 1007. (Phila: Henry C. Lea's Son & Co. 1881. St. Louis: J. H. Chambers & Co. 401–5, N. 3rd St. Western Managers for H. C. Lea's Son & Co.)

Transactions of the College of Physicians of Philadelphia. Third Series, Vol. V. 800 pp. cxl–121. (Philadelphia: Printed for the College and for Sale by Lindsay and Blakiston, 1881.)

Appleton's Annual Cyclopædia and Register of Important Events of the Year 1880. Embracing political, civil, military, and social affairs; public documents, biography, statistics, commerce, finance, literature, science, agriculture, and mechanical industry. New Series, Vol. V. Whole Series, Vol. XX. 8vo. pp. 736. (New York: D. Appleton & Co. 1881.)

Transactions of the American Gynecological Society. Vol. 5 for the Year 1880. 8vo. pp. 470. (Boston: Houghton, Mifflin & Co. 1881.)

Medical Communications of the Massachusetts Medical Society. Vol. XII. No. VII. 1881–8vo. pp–473–671. 191–254. (Boston: Printed by David Clapp & Son. 1881.)

Female Diseases; the Result of Errors in Habit and Hygiene during Childhood and Puberty; with Remarks on the Treatment of Rachialgia with Igni-Puncture. By R. J. Nunn. M. D. (Reprinted from the Trans. Med. Ass. Georgia, April 1881.)

A Practical Treatise in Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A. M. M. D. with sixteen illustrations, 8vo. pp. 174. (Phila: Henry C. Lea's Son & Co. 1881. St. Louis: St. Louis Book and News Co.)

The Mother's Guide in the Management and Feeding of

infants. By John M. Keating, M. D. 18mo. pp. 118. (Phila: Henry C. Lea's Son & Co. 1881.)

Who's Your Sweetheart? A Question of Adaptation. By Alice Le Vrai. 8vo. pp. 79. (St. Louis: J. H. Chambers & Co. 1881.)

The Dangers and the Duty of the Hour. By William Goodell, A. M. M. D. (Reprinted from Transactions of the Med. and Chir. Faculty of Maryland, 1881.)

Minutes of the State Medical Society of Arkansas at its Sixth Annual Session. (Little Rock 1881.)

First Annual Report of the Astronomer in Charge of the Horological and Thermomatrical Bureaus of the Winchester Observatory of Yale College 1881–1881. Presented to the Board of Managers at their Meeting June 3, 1881, by Leonard Waldo. (New Haven 1881.)

The Opium Habit. A Clinical Lecture. By Chas. Warrington Earle, M. D. (Reprinted from *Chicago Medical Review*, Oct, 5 and Nov. 5, 1880.)

Uterine Dilatation with a New Instrument. By H. P. C. Wilson, M. D. (Reprinted from the *American Journal of Obstetrics and Diseases of Woman and Children*, July, 1881.)

Chronic Pelvic Abscess. A Contribution to the Different Diagnosis of Abdominal Tumors. By A. F. Erich, M. D. (Read at the Clinical Society of Maryland.)

Twenty Third Annual Announcement of the Chicago Medical College. Session 1881-82.

God Bless the Little Woman. Song and Chorus. Words by Howard N. Fuller; Music by Charlie Baker. (Cincinnati: F. W. Helmick.) Price 35 cents.

Announcement of the Albany College of Pharmacy. Department of Pharmacy of Union University.

Illusion, Hallucination and Delusion. A Differential Study for Forensic Purposes. By C. H. Hughes, M. D. (Reprint from the *Alienist and Neurologist*, July, 1881.)

The Stretching of Large Nerves in Tabes Dorsalis. By Dr. A. Erlenmeyer, of Bendorf. Translated by Otto A. Wall, M. D. (Reprinted from the *Alienist and Neurologist*, July, 1881.)

On the Private Care of the Insane. By Ralph L. Parsons, M. D. (Reprint from the *Alienist and Neurologist*, Oct. 1881.)

News Items.

Article LIX.

The *Atlanta Medical and Surgical Journal* has made a new departure. It now comes under the name of the *Atlanta Medical Register* and presents a neat appearance. The Editors in charge are Drs. John Flad, Johnson and Jas. B. Baird, who have secured promises, from many leading physicians, of contributions.

We have noticed that each one of the two Homeopathic Colleges (*sic*) of this city is asking that the other be suppressed. Each one claims that the other is illegal and unworthy of having confidence reposed in it. We would humbly suggest that they be both suppressed; that might, perhaps, settle the difference.

Dr. Hammond, of New York, has made himself very conspicuous in regard to the President's case. The services he offered so ostentatiously were thankfully declined and now we see by a telegram of Sept. 22, he accuses the attending physicians not of malpractice, but of something just touching upon it.

We suppose that all the remarkably intelligent suggestions in regard to the President's case will not be made to appear as conspicuously as formerly. The post-mortem disconcerted the wise ones who would have done better and done differently. The examination was quite a revelation and will stand in medical literature as one of our remarkable cases.

The St. Louis Medical College Dispensary is almost completed. When done it will be the finest building of its kind, in the city. It will be 45×75 feet and contain quite a number of rooms. On the lower floor will be situated consultation and waiting rooms for male and female patients, the pharmacy and an amphitheatre. On the upper floor a room devoted to gynecology to which is appended a waiting room, bath room and retiring room. On the same floor is situated the resident physician's room, a dental operating room and a dental laboratory.

The building will be heated by steam and conveniences of all kinds will be provided. The members of the faculty of the College will hold regular clinics at the Dispensary and will make it one of the most valuable features connected with the College, the more so since the restrictions placed upon them by the Health Commissioner in regard to the City Hospital.

It is, perhaps, needless to add that medical advice and medi-

cines at the Dispensary will be free. On this account a large and varied number of cases is expected to be seen during the coming winter.

The Tri-State Medical Society.—This organization is the largest medical Society in the country with the exception of the American Medical Association. The amount of good, earnest work done at meetings is large and the meetings themselves are attended by a large number of the representative physicians of the United States. The meeting to be held here promises not only to be the largest but also one of the most interesting assemblages of that body.

The present is the seventh annual meeting and will be held Oct. 25, 26 and 27 day and night; there being thus three sessions daily. These sessions will be held in the ladies' ordinary of the Lindell Hotel, which is located centrally.

The following programme gives an idea of the work that will be accomplished at the meeting.

First Session.—Tuesday Morning, Oct. 25th. 1. Call to Order. 2. Statements of Officers and Committees. 3. President's Address. 4. Medical Orthodoxy by T. D. Washburn, Hillsboro, Ill. 5. Pædiatric Medicine by G. Wheeler Jones, Danville, Ills.

Second Session.—Tuesday Afternoon. 1. Convulsions in Children by J. M. Henry, Rockport, Ills. 2. Scarlatina by D. S. Booth, Sparta, Ills. 3. Diphtheria by W. J. Chennoworth, Decatur, Ills. 4. Practi al Observations in Typhoid Fever by H. V. Ferrell, Carterville, Ills.

Third Session.—Tuesday Night. 1. Impotence by Reuben A. Vance, Cin. 2. The Mechanical Treatment of Bilateral Paralysis of the Crico-Arytenoidei-Postici and Post-Nasal Catarrh by B. Tauber, Cin. 3. Certain Intra Ocular Affections by Wm. Dickinson, St. Louis. 4. Suppurative Inflammation of the Middle Ear by J. E. Harper, Evansville, Ind. 5. Human Temperature, Normal and Abnormal by Chas. T. Reber, Shelbyville, Ills.

Fourth Session.—Wednesday Morning, Oct. 26th 1. Fracture of Radius; Treatment by Rubber Bandage by Edw. Borck, St. Louis. 2. Use and Abuse of Splints in Fractures about the Elbow by Heber Roberts, Carbondale Ills. 3. Excision of the Larger Joints by J. M. Holloway, Louisville, Ky. 4. Reformation of Bone by J. E. Link, Terre Haute, Ind.

Fifth Session.—Wednesday Afternoon. 1. Report of Battey's Operation by J. N. McCormick, Bowling Green, Ky. 2. Peritonitis by Archibald Dixon, Henderson, Ky. 3. Puerperal Eclampsia by C. D. Pearson, Indianapolis, Ind. 4. Puerperal Septicæmia by S.H. Charlton, Seymour, Ind.

Sixth Session.—Wednesday Night. 1. Observations on the Use of Static Electricity by Edwin Walker, Evansville, Ind.

2. Superficial Diseases of the Eye by Wm. Cheatham, Louisville, Ky. 3. Demonstrations of Visual Anomalies by Jno. Green, St. Louis. 4. Associated Movements of the Eyes and Indications for Prismatic Glasses by A. E. Prince, Jacksonville, Ills.

Seventh Session.—Thursday Morning, Oct. 27th. 1. Headache Cause and Cure by B. M. Griffith, Springfield, Ills. 2. Spinal Irritation by J. S. Jewell, Chicago. 3. Reflex Contraction of Corpora Cavernosa by J. T. Hodgen, St. Louis. 4. Hyoscyamin in Nervous Diseases by C. H. Hughes, St. Louis.

Eighth Session.—Thursday Afternoon. 1. Care of the Insane by H. Wardner, Anna, Ills. 2. Ligatures by C. H. Todd, Owensboro, Ky. 3. Pylephlebitis, Portal Thrombus, etc. by J. Adams Allen, Chicago. 4. How to give Tone to Weakened Hearts by W. M. Fuqua, Hopkinsville, Ky. 5. Thoughts on the Social Evil by J. Gardner, Bedford, Ind.

Ninth Session.—Thursday Night. 1. Stump Water by E. S. McIntire, Mitchell, Ind. 2. Intussusception by A. F. Berry, River Vale, Ind. 3. Report of Cases by J. W. Thompson, Paducah, Ky. 4. Vaginal Fistula by W. A. Matthews, Loisville Ly. 5. Penetrating Gunshot Fracture of Skull. Case by F. J. Lutz, St. Louis.

Other papers are also promised by well-know members.

The sessions will be promptly called to order and all business dispatched with order and celerity. No instrument dealers or manufacturers of drugs will be permitted in the meeting hall, so that there will be removed a prominent disturbing cause.

The rule limiting the reading of papers to twenty-five minutes will be strictly enforced. It is proposed to make this a *working meeting* and no social entertainment will be given until after the adjournment of the last session.

Special rates have been secured at the Lindell Hotel where the society holds its meetings. Rooms should be reserved by letter, in advance. Fare on all railroads will be full fare coming and one-third fare returning.

The Officers for this year are as follows; *President*, A. M. Owens, Evansville, Ind. *Vice Presidents*, J. N. McCormack, Ky.; S. H. Charlton, Ind.; David Prince, Ills. *Secretary*, S. W. Burton, Mitchell, Ind. *Treasurer*, F. W. Beard, Vincennes, Ind. *Chairman Committee on Arrangements*, H. C. Fairbrother, East St. Louis; *Chairman Committee on Programme*, Wm. Porter, St. Louis; *Chairman Committee on Finance*, Edward Borck, St. Louis.

The Programme has been issued and is a handsome and tasty one containing also just the information visitors will need.

We think that the Tri-State Medical Society will be warmly received here, and will have no cause to complain of the treat-

ment it receives. The committees have done a great deal of work and are nearly done with their preparations. The profession here, we think, will co-öperate heartily with their visiting brethren and form and renew friendships.

The Journal will, as it has formerly done, present abstracts of all the papers read and continue them until all will have been published. Authors of papers may furnish their own abstracts if so disposed.

Sanitary Exhibition in Jersey.—The New Jersey State Fair, to be opened at Newark on September 19, is to have a sanitary annex, as it has had for the two previous years. It is intended to make an attractive exhibition, so that visitors to the Fair may become acquainted with the best sanitary arrangements and inventors and dealers have a good opportunity for comparing and testing apparatus. An abbreviated summary of articles to be exhibited is given in the *National Board of Health Bulletin* for July 9. It comprises construction materials, furniture, wall paper, etc., heating and ventilating apparatus, drainage and water supply, bathing apparatus and bath-room fixtures, with gas and other lighting apparatus, druggists' samples and preserved foods, excavating and odorless apparatus, life-and labor-saving apparatus, gymnasium apparatus, sick-chairs and beds and sick room appliances, food-adulteration and testing apparatus. Letters of inquiry may be addressed to E. A. Osborn, C. E., Middletown, N. J., or to State Board of Health, Trenton, N. J.—[*Phila. Med. Times.*

A regular meeting of the Morgan County Medical Society washeld at the Court House in Jacksonville on Thursday, the 8th of Sept. The subject for discussion was The use of Bromides.

Prize Essay.—The committee of selection appointed by the chairman of the section on Practical Medicine, Materia Medica and Physiology, at the recent meeting of the American Medical Association, have selected, and hereby announce, as the subject for the prize to be awarded in 1883, the following question :

What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the committee of *award* on or before the first day of January, 1883.

N. S. Davis,
H. D. Holton,
W. B. Ulrich,
} Com. of Selection.

☞ The official record of the autopsy on the President, has delayed the appearance of the Journal for two weeks.

ARTICLE LX.

DEATHS AND RATE OF MORTALITY

Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities, According to the Latest Returns.

CITIES.	Population.	DATE OF RETURN.	Deaths from all Causes.	Annual Death Rate per 1000	Mean Ther. Range.
New York	1.206.577	Week Ending Sept. 3,	764	32 9	.....
Philadelphia	846 980	" " "	375	23.1	.....
Brooklyn	566.689	" " "	321	29 0	.....
St. Louis	350 522	" " "	188	28.0	.....
Chicago	503.304	" " Aug. 6,	.....	.....	.....
Baltimore	332.190	" " "	.....	.....	.....
Boston	362.555	" " Sept. 3,	216	31.1	.....
San Francisco, Cal	233.956	" " Aug. 6,	.....	.....	.....
Cincinnati	255.708	" " Sept. 3,	135	27.8	.....
New Orleans	206.140	" " "	112	27.7	.....
Buffalo	155.137	" " "	114	38.4	.....
Cleveland	160 140	" " Aug. 6,	.....	.....	.....
Washington, D. C.	180.000	" " Sept. 3,	93	26.8	.....
Pittsburgh	156.381	" " "	97	32.4	.....
Newark	136.400	" " "	80	30.8	.....
Detroit	116.342	" " "	.....	.....	.....
Milwaukee Wis	115.578	" " Sept. 3,	47	21.2	.....
Richmond Va	63.803	" " "	29	23.7	.....
New Haven, Conn	62 882	" " "	20	16.6	.....
Charleston	49 999	" " "	38	39.6	.....
Memphis, Tenn	33.593	" " "	28	43.5	.....
Mobile	31.205	" " "	20	33.4	.....
Boulder, Col	3 069	" " "	1	17.0	.....
Galveston	22.2?3	" " "	14	32.8	.....
Indianapolis	75.074	" " "	33	22.9	.....
Springfield, Mass	33.340	" " "	14	21.9	.....
Nashville, Tenn	43.461	" " "	22	26.4	....
Sacramento	21.500	" " July 30,	.....	.....	.....
St. Paul, Minn	41.498	" " Aug. 6,	.....	.....	.....
London	3.707.130	" " Aug. 20,	1,474	20.1	58.1
Paris	1.988.806	" " "	1,024	26.8	.....
Berlin	1 123.571	" " Aug. 6,	817	37.8	68 3
Vienna	731.191	" " " 20,	365	26.0	62.9
Buda-Pesth, Hung	370.037	" " " 6,	292	41.2	.....
Shanghai	3.000	" " July 16,	.....	.....	.....
Cape Town, Africa	35.000	" " Aug. 8,	24	35.8	60.0
Liverpool	549.834	" " July 9,	.....	.....	.....
Genoa, Italy	185.000	" " Aug. 27,	108	30.5	75.2
Calcutta	429.535	" " July 23,	176	21.3	79.5
Hamburg (state)	400.000	" " Aug. 6,	246	32.1	.....
Warsaw, Russia	379.763	" " " 13,	316	43.4	73 8
Brussels	406.638	" " " 20,	188	24.5	.....
Stockholm, Sweden	173.433	" " July 9,	.....	.....	.....
Dublin	333.401	" " Aug. 27,	134	20.0	.....
Lyons, France	342.815	" " July 2,	.....	.....	.....
Amsterdam	316.952	" " Aug. 27	139	23.4	60.0
Sheffield	304 938	" " "	98	17.9	54.1
Leipzic, Saxony	151.616	" " Aug. 20,	106	36.3	58.7
Breslau	273.000	" " " 13,	226	43.2	63.1
Copenhagen, Den	255.254	" " " 16,	92	20.4	56.4
Christiania, Norway	120.000	" " " 13,	37	16.0	58.2
Alexandria	220.000	" " " 20,	168	39.8	.....
Dresden	220.216	" " " 13,	151	35.5	63.6
Bradford	197.196	" " " 26,	60	17.0	.....
Seville, Spain	138.000	" " July 16,	.....	.....	.....
Tangier, Morocco	15.000	" " " 30,	.....	.....	.....
Rouen, France	104.269	" " Aug. 27,	52	26.0	.....
Dundee	155.100	" " " 20,	38	13.9	61.5
Geneva, Switz	50.233	" " July 9,	.....	.....	.....
Prague	333.401	" " July 30,	.....	.....	.....
Havana	195 437	" " Aug. 21,	36	81.0	85.0
Vera Cruz, Mexico	20.000	" " May 21,	155	41 4	80.0

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—SEPT., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	73.5	89.0	18	57.0	86.5
2	74.0	86.5	19	60.5	89.5
3	68.5	85.5	20	66.5	93.5
4	73.0	98.5	21	65.0	93.0
5	79.0	**100.0**	22	69.0	91.0
6	78.1	97.0	23	74.5	93.5
7	75.0	97.5	24	73.5	95.0
8	75.0	91.5	25	72.0	89.0
9	72.5	89.0	26	70.0	90.0
10	65.0	84.5	27	71.5	78.5
11	55.0	73.5	28	66.5	75.0
12	57.5	82.0	29	70.5	88.0
13	63.0	83.0	30	65.0	69.0
14	63.0	84.0	31		
15	60.0	62.5			
16	**50.5**	66.5	Means	67.2	86.2
17	51.0	80.0	Monthly Mean.	76.7	

Quantity of rain, 3.08 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM SEPT., 3, 1881, TO OCT., 1, 1881, INCLUSIVE.

Small Pox	1	Childbirth	4
Scarlatina	14	Inanition, Want of Breast Milk, etc	19
Pyæmia & Septicæ	1	Alcoholism	10
Erysipelas	3	Rheumat'm & Gout	0
Diphtheria	18	Cancer and Malignant Tumor	9
Membran's Croup	7	Phthisis & Tuberculosis, Pulmon	73
Whooping Cough	7	Bronchitis	6
Ovarian tumor	1	Senility	31
Measles	0	Pneumonia	15
Typhoid Fever	23	Heart Diseases	29
Cerebro Spinal Fev	5	Other Diseases of Respir'y Organs	16
Remittent, Intermittent, Typho-Malarial, Congestive & Simple		Heat Stroke	2
Contin'd Fevers	75	Marasmus—Tabes Mesenterica and Scrofula	77
Puerperal Fevers	8	Other Const. Dis	3
Diarrhœal Disea's	100	Convulsions & Trismus Neonatorum	61
Other Zymotic Diseases	3	Hydrocephalus and Tub. Meningitis	11
		Meningitis & Encephalitis	27
		Other Diseases of the Brain and Nervous System	36
		Cirrhosis of Liver and Hepatitis	11
		Enteritis, Gastro-Enteritis, Peritonit, and Gastritis'	33
		Bright's Disease and Nephritis	17
		Other Diseases of Urinary Organs	3
		Diabetes	0
		Syphilis	2
		Apoplexy	4
		Dis. fem. gen. org.	0
		Surgical Operation	0
		Premature Birth	0
		Deaths by Suicide	11
		Deaths by Accid't	20
		Deaths by Homicid	6
		Congen Detor'ty	30
		Total Deaths from all Causes	833
		Total Zymotic Diseases	296
		Total Constitutional Diseases	173
		Total Local Diseases	262
		Total Develop'tal Diseases	65
		Deaths by Viol'ce	37

CHAS. W. FRANCIS, *Health Commissioner.*

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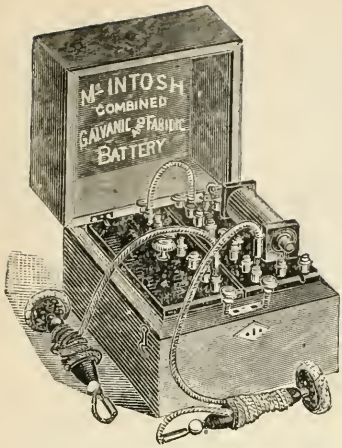

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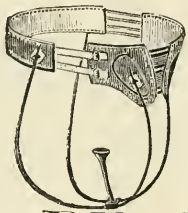

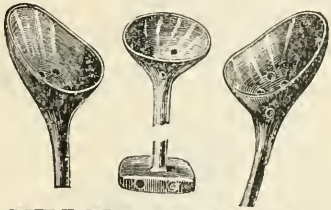

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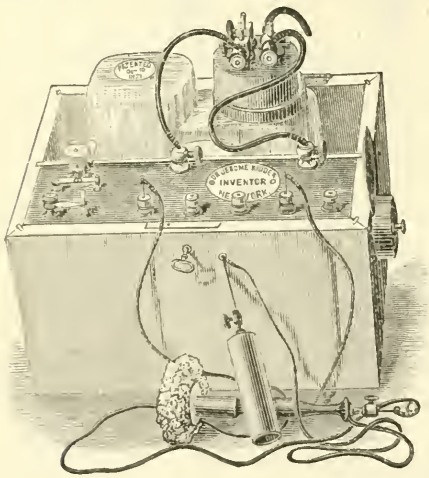

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The next annual course of Instruction in this Department (now in the forty-eighth year of its existence will commence on Monday, the 17th day of October, 1881, and terminates on Saturday, the 25th day of March, 1882. The first three weeks of the term will be devoted exclusively to Clinical Medicine and Surgery at the Charity Hospital; Practical Chemisiry in the Laboratory; and dissections in the spacious and airy Anatomical Rooms of the University.

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The following are some of the principal subjects that will form a FEATURE *of the* JOURNAL *for 1881.*

DR. JNO. T. HODGEN, Prof. of Surgical Anatomy, Special Fractures and Dislocations and Clinical Surgery in the St. Louis Medical College, will contribute a series of papers on "Fractures," giving his treatment of fractures of every bone in the body. These articles will contain original illustrations.

DR. E. H. GREGORY, Prof. of Principles and Practice of Surgery and Clinical Surgery in the St. Louis Medical College, will contribute a series of lectures on "Tumors." His views on these growths are peculiar to himself.

The Clinic of DR. T. L. PAPIN, Prof. of Gynæcology in the Missouri Medical College, will be reported every month.

DR. E. H. GREGORY'S Surgical Clinic will reported every other month.

The Clinic of DR. J. P. KINGSLEY, Prof. of Diseases of Children in the Missouri Medical College, will be reported every month.

DR. J. K. BAUDUY, Pro'. Psychological Medicine and Diseases of the Nervous System in the Missouri Medical College, and DR. C. H. HUGHES, Editor of the *Alienist and Neurologist*, will contribute articles on Mental Alienation and Nervous Diseases.

DR. W. H. FORD, of St. Louis, will contribute a series of articles on the "Surgery of the Genito-Urinary Organs."

DR. Y. H. BOND, of St. Louis, will contribute a series of papers on "Diseases of the Rectum." [Illustrated.]

DR. LEGRAND ATWOOD, of St. Louis, will contribute a series of articles on "The Recent Views and Treatment of Venereal Diseases."

DR. F. J. LUTZ, Surgeon to Alexian Brothers' Hospital, will contribute during the course of the year the reports of interesting, practical cases occurring in his hospital and private practice. [Illustrated.]

DRS. DICKINSON and POLLAK, will contribute articles on "The Treatment of the Common Affections of the Eye," and give the Latest Views of Domestic and Foreign Ophthalmologists concerning the diseases of the Eye

DR. A. H. OHMANN-DUMESNIL, Assistant Editor, will contribute Translations from French, Spanish and Italian Journals.

Contributions will be given by DR. THOS. F. RUMBOLD four times during the year, on the Minute Anatomy of the Chronically Inflamed Tissues of the Nose, Throat and Ears, and those portions of the Brain that might be affected by Diseases of the Nose and Ears. [Illustrated by Lithograph and Electrotype Plates taken from Micro-Photographs.]

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THE PRELIMINARY COURSE will begin September 7th, 1881, and continue until October 1st. In it will be discussed special subjects of great interest and importance, and students are advised to attend it.

THE REGULAR SESSION will begin October 1st. and continue five months. It will include Didactic Lectures with Demonstrations, Recitations, Clinical and Special Instruction, involving Physical Manipulation.

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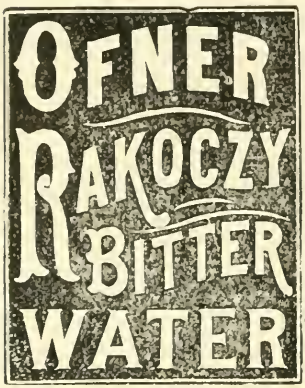

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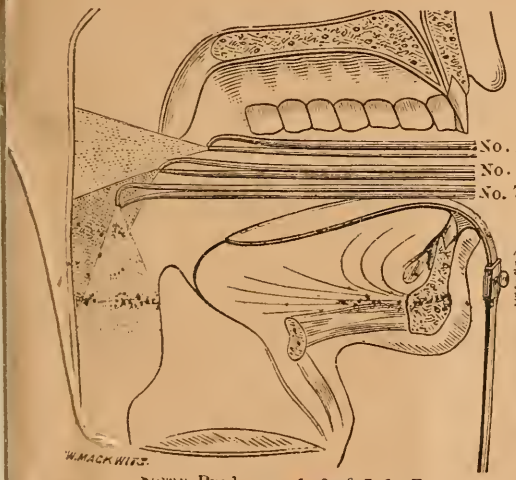

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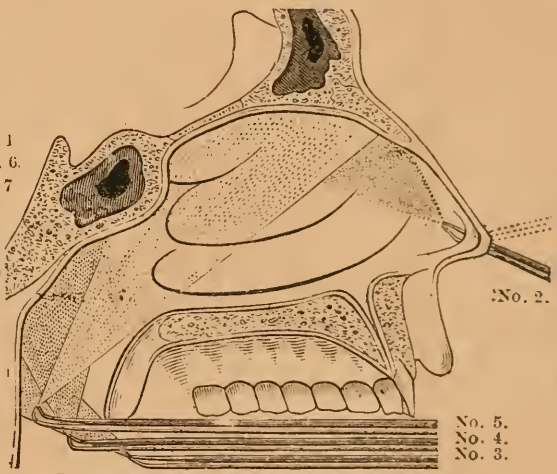

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Creosote, 4 grains.

Cod Liver Oil and Iodide of Iron.
Cod Liver Oil, 10 minims.
Iodide of Iron, 1-2 grain.

Cod Liver Oil and Iodine.
Cod Liver Oil, 10 minims.
Iodine, 1-4 grain.

Cod Liver Oil and Phosphorus (1-30).
Cod Liver Oil, 10 minims.
Phosphorus, 1-30 grain.

Phosphorated Oil, Compound.
Phosphorated Oil, (1-60 *grs.*) 10 m
Extract Nux Vomica, 1-4 grain.

Phosphorated Oil (1-50 *gr.*,)
in 10 m of Oil.
1-50 gr. Phosphorus

Cod Liver Oil
5 grams.

Cod Liver Oil,
15 grams.

Copaiba, Cubebs and Sandalwood Oil,
Copaiba, best Para, 6 minims.
Essential Oil of Cubebs, 2 minims
Sandelwood Oil, E. India, 2 min

Copaiba, Cubebs and Buchu,
Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims
Extract Buchu, 2 minims.

Copaiba, Cubebs and Rhatany.
Copaiba, best Para, 6 minims.
Ethereal Ext. Cubebs, 2 minims.
Extract Rhatany, 2 minims.

Oil of Eucalyptus, 5 qtts.,
With sweet Almond Oil q. s. adl

Oil of Male Fern and Kameela,
Oil of Male Fern, 9 minims.
Kameela, 5 grains.

Castor Oil,
5 grams.

Castor Oil,
15 grams.

☞Send for Special descriptive circular "Filled Elastic Gelatine Capsules."

PARKE, DAVIS & CO., Manufacturing Chemists.
DETROIT, MICHIGAN.